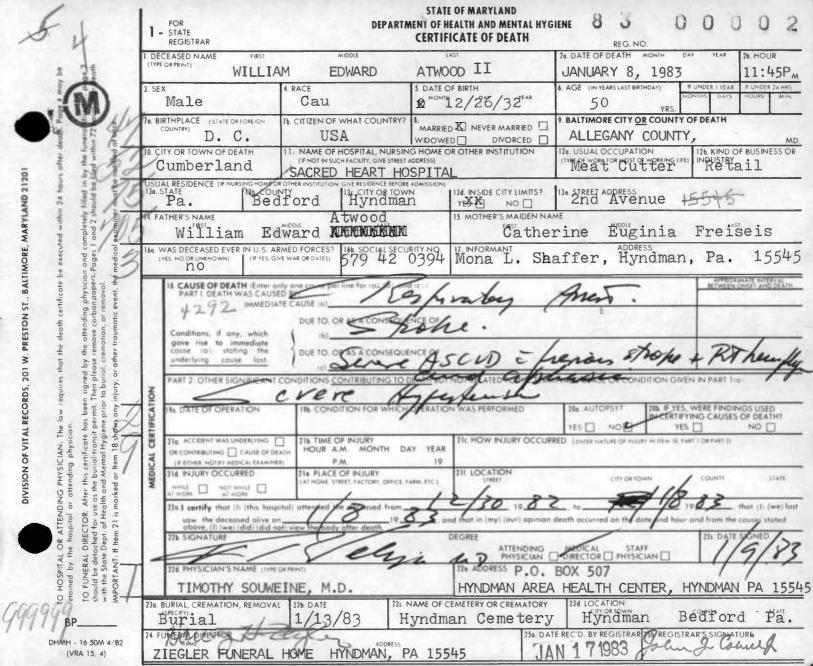
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STATE OF MARYLAND

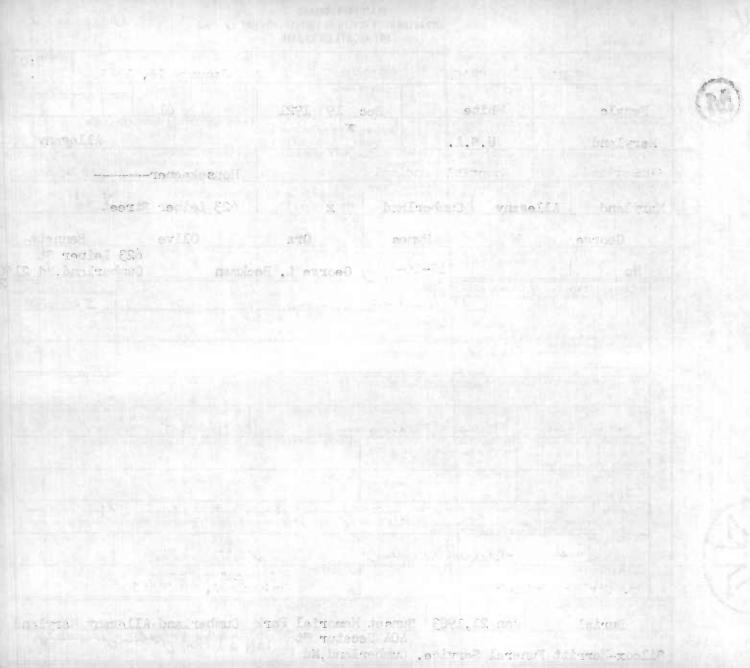
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSKIAN: The low requires that the death certificate be executed within 24 hours or offending physician.	n signed by the ottending physica Then please remove corbon poper: r to buriol, cremotion, or removol. injury, or other troumotic event, the	NOI	Conditions, if only, v gove rise to imme couse (a), stating underlying couse	which diate the last.	OUE TO, OR (b) OUE TO, OR (c)	AS A CONSECUTION AS A CONSECUTION OF THE PROPERTY OF THE PROPE	astahi DUENCE OF TF-	Colice NOT RELATED TO THE T	ah y erminal o	Co dy	ent (le	0
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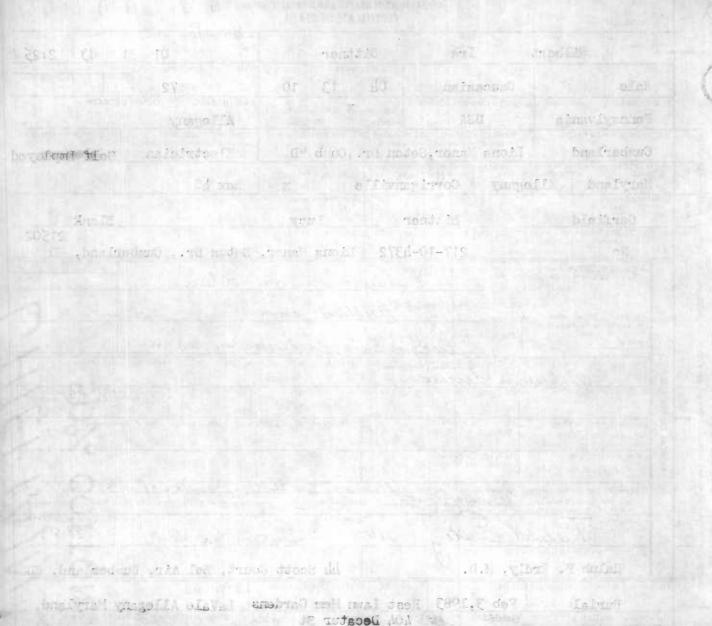
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5	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 3 0	0005
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in the in	10 C	TY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET. 	G HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	
by the		UMBERLAND	MEMORIAL HOSPIT		Housewife	In Own Home
hin 24 hours. If filled in by should be filled in by	13a.	Maryland Alle	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13t. CITY OR TOW Egany Cumberl	and YES TOK NO [13. STREET ADDRESS 923 Kenn Ave	21502
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n ond camp		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES)		ADDRESS	
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requires that the death certificate en signed by the attending physici. Then please remove carbonpaper or to burial, cremation, or removal. y injury, or other traumatic event, the	NOI	Conditions, it ony, which gove rise to immediate couse (0), stating the underlying couse lost. PART 2. ATHER SIGNIFICANT	. 0	7	minal disease or condition give	V IN PART 110
he law an permit ene prin	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES NO YES	WERE FINDINGS USED ING CAUSES OF DEATH?
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TTEN spirol CTOR: for us of He		saw the deceased alive or above, (I) (www.) (did) (dubor	ital) attended the deceased from 19.8		death occurred on the date and hour	
by the hose ERAL DIREC		27b. SIGNATURE Show	u A Nalhwi		DIEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
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O HOSI		DR. SHAN NATHA		CUMBERLAND.	•	2
		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
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nine 1	14. F	ATHER'S NAME		AIDDLE	LAST		15 MOTHER'S	MAIDEN NA	ME MIDDLE		1457	
11		James		. Powel				rginia	MIDDLE		Savil	le
		WAS DECEASED EVER IN		MED FORCES?	16b. SOCIAL SECU		17 INFORMAN	VĪ	ADDRE	SS	Die L	
1		No	Ţ 100, O.I.	The on pares	214-05-	8905	Lions 1	Manor 1	N.H. Beton)r. Cu		
		18 CAUSE OF DEATH PART I. DEATH WA	(Enter onl	y one couse pe	line for (a), (b), and	d (c).)	- 1-	- 1		72-	APPROXIM BETWEEN O	NATE INTERVAL
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		Conditions, if only,		(b)_		(eschrac	ano	N/A			
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		underlying cause	lost.	((c)_	Car	cenon.	all lu	ng c	melastares	_		
-	7	PART 2. OTHER SIGNI	FICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 110	i
0	0	6	mos	exia	e weigh	it to	55.					
9	CERTIFICATION	190 DATE OF OPERATION	ON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	RMED	20g AUTOPSY?		, WERE FINDIN YING CAUSES	
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7		OR CONTRIBUTING CA			M. MONTH DA	AY YEAR	ZIC HOW IN	IURY OCCUR	RED (ENTER NATURE OF INJUI	Y IN ITEM TB PA	ART T OR PART 2)	
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1	1	224. PHYSICIAN'S NA	ME (TYPE OR	PRINT)			22e. ADDRESS		American	1		
1		Ralph P.	Erdl	y, M.D	. ,		44 Sc	ott Cou	urt, Bel Air	, Cum	berland	l, MD
	23a.	BURIAL, CREMATION, R	EMOVAL	236. DATE		AME OF C	EMETERY OR C	REMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
	1	Burial		Jan.1	4.1983 S	unset	Memori	al Par	L Cumber	and_	Allegan	v. Md.
32	24 F	UNERAL DIRECTOR			4000000			250. DAT	E REC'D. BY REGISTRAR	25h(REGISTI	PAR'S SIGNADL	IRE in a
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) anford 0-6 own ar 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX RACE 5. DATE OF BIRTH MONTH YEAR Male HOLIRS White 03 05 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Allegany County USA WIDOWED DIVORCED B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Cumberland Allegany County Nursing Home Ret. Electrician Construction DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE HE NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e STREET ADDRESS 14704 Wood Street Maryland Allegany Cresaptown 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Edison S. Blough Bowman Olive 199 Brandywine Drive 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) No Ralph O. Bowman Cumberland. IB CAUSE OF DEATH (Enter only one couse per line for (a), (b), PART I, DEATH WAS CAUSED BY. Conditions, if ony, which gove rise to immediate couse (b), stoting underlying couse RELATED TO THE DIMINAL DISEASE OR CONDITION GIVEN IN PAR CERTIFICATION 190 DATE OF OPERATION 206 IF YES, WERE FINDINGS USED AOa AUTOPSY IN CERTIFYING CAUSES OF DEATH? 710 ACCIDENT WAS UNDERLYING 116. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e. PLACE OF INJURY 5 CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a I certify that (1) (this haspital) attended the deceased from. 193 sow the deceased alive on the Sobove, (I) (we) (did) (did not) view the body after death and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN FUNERAL 22d PHYSICIAN'S NAME (TYPE/ORPRINT) 22e ADDRESS ith the 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE STATE Burial 1/8/83 Frostburg Mem. Park Frostburg Allegany 4 FUNERAL DIRECTOR DHMH - 16 60M 1/75 John J. Hafer, Jr. LaVale, Maryland (VRA 15 (4))

STATE OF MARYLAND

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	CEASED NAME	FIRST	M	DDLE	L	AST	REG. NO	MONTH DAY	YEAR	2b. HOUR
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3. SE		1	RACE WHITE		5. DATE C	16 1515	6. AGE (IN YEARS LAST BIR	THDAY} IF U	THE DAYS	HOURS
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C	ITY OR TOWN OF D		(IF NOT IN SUCH	CRED HEAF	RT HOS	SPITAL	HOUSEWIFE	ON IF WORKING LIFE)	DOMES	F BUSINES
13a. S	AL RESIDENCE (IF NO STATE LRYLAND	13b. COUNT ALLEC	Y	INE RESIDENCE BEFORE ISC. CITY OR TOWN LONACONI		13d. INSIDE CITY LIMITS?	RI BOX 2	214	215	539
14. FA	ATHER'S NAME CLARENCE	M	IDDLE F	azen'Bake	R	15. MOTHER'S MAIDEN NAME ANNEE PAR	WIDDLE	ROSS	LAS	ST.
	WAS DECEASED EVE (YES, NO OF UNKNOWN)		MED FORCES?	215-42-4		17. INFORMANT STANLEY BROA	DWATER LO	naconin	IG, MA	RYLAN
	Canditions, if or gave rise ta li cause (a), sta underlying cau	nmediate ting the se last.	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE	nge of	obstructor	or with ele	pead the	meb	erles.
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deo deo				JOSEP		OBERT		JCKEL	January		FUNDER I YEA	P.
oge 4 may be irector, page 3 ours after death		3. SEX	ale		4. RACE Whi		MONT		6. AGE (IN YEARS I		MONTHS DAY	
Poge direc			RTHPLACE (STATE OR	FOREIGN	1 4 4 4	WHAT COUNTRY?	1	16, 1919	9. BALTIMORE C	ITY OR COUN		
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(M)	50		ry or town of DE. umberland	ATH	11. NAME OF I	HOSPITAL, NURSIN THE FACILITY, GIVE STREET TIAL HOSP	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCC (TYPE OF WORK FOR Postmas	MOST OF WORKIN	GLIFE) INDUSTR	OF BUSINESS Office
rithin 24 hour	35		AL RESIDENCE TIF NURS TATE Lryland	ISH COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Bitting		130. INSIDE CITY LIMITS? YES NO 🛣	13e. STREET ADD		21522	
completely	10	14. FA	THER'S NAME Oliver		MIDDLE C.	Buck	el	15. MOTHER'S MAIDEN NA FIRST Ruth		DDLE		oup
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e low requires that the hos been signed by the permit. Then please remove permit of buriol, cremine prior to buriol, cremine to buriol, cremine prior contact to the propertion to the prior to the prio)	CERTIFICATION	couse (o), stotii underlying couse PART 2 OTHER SIGI	lost.	(c)	ONTRIBUTING TO	DEATH BU	Y A TEMY NOT RELATED TO THE TERM	DISCOLATION DISCOL	CONDITION	GIVEN IN PART YES, WERE FIND	INGS USED
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retoined by the TO FUNERAL should be deto	1		Dr. Sahet	a / D	esoci			22e ADDRESS Memor Cumberland,	Marylan	d	dical b 21502	uilding
BP			URIAL, CREMATION, SPECIFY) Burial	REMOVAL	Jan.15			er Cemetery	23d. LOCATIO CITY OR TO Bitti	nger. G	county arrett	Md.
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CUMBERLAND, MD. 21502

SCARPELLI FUNERAL HOME

(VRA 15, 4)

STATE OF MARYLAND

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	1	FOR STATE REGISTRAR		DEPARTA	MENT OF HEALTH	AND MENTAL HY	REG. NO	0 U		1 4
		CEASED NAME FIRST		WIDDLE	LAST	15 1	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
3 6	1100	ANNA	IRE	NE	BURKETT		JANUARY 4,	1983		4:00
(M)	3. SE	х	4. RACE	1447	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRT	(HDAY) IF U	INDER I YEAR	IF UNDER 24 HE
		Female	Whit	e		7.1903	79	YRS.	Ins DATS	HOURS M
Po Por		(RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	EVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
in 72		Maruland	u.s.	A.	WIDOWED	DIVORCED [ALLEGANY	COUNTY		
with with	10. C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN			120. USUAL OCCUPATION		126. KIND OF	BUSINESS
by the	ubbe	rland	SAC	RED HEART	HOSPITAL		Superviso		CEP T	el. Co
be f	AdSU	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE		SIDE CITY LIMITS?	130. STREET ADDRESS			2150
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tely 2 sh		ATHER'S NAME			15. MO	THER'S MAIDEN NA	ME	071000		
DE Cond		Paul	MIDDLE	Weber		Johanna	WIDDLE		Kei	
+ 0- 1-		WAS DECEASED EVER IN U.S		166 SOCIAL SECU		ORMANT	ADDRE	SS	New	ing
Poges medico		YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	212-10-0	148 GP04	IN H RIVER	ett/John's	lano 1	allalo	. Md.
quires that the signed by the hen please rer to burial, crem	NO	gove rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICA	DUE TO, C	OR AS A CONSEQUE		LATED O THE TERM	MINAL DISEASE OR CONI	DITION GIVEN	IN PART 110	
n. nas been permit. ne prior ws ony ii	CERTIFICATION	198. DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATION WAS I	PERFORMED	200 AUTOPSY? YES NO	206. IF YES, W IN CERTIFYIN YES	VERE FINDIN	GS USED OF DEATH?
SICIAN: The ng physicial certificate hirial-transit entol Hygie Hem 18 sho		2) a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C	F DEATH HOUR A	OF INJURY J.M. MONTH DA	AY YEAR	OW INJURY OCCUR	RED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART I	1 OR PART 2)	
P A B S P P	MEDICAL	21d. INJURY OCCURRED	LAT HOME ST	OF INJURY TREET, FACTORY, OFFICE, F		CATION STREET	CITY OR TO	WN	COUNTY	STATI
DING Place of After the as the alth and marked	-	AT WORK AT WORK			- 1 / .	-	7 1/	V	83	1
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AL OR AT the hosp AL DIRECT detached for the Dept. of the motor of the		22b. SIGNATURE	- 11	n	DEGREE	ATTENDING	MEDICAL STAF		22c. DATE	GNED
retained by the retained by the retained by the retained by the should be detained with the State [IMPORTANT: #		22d PHYSICIAN'S NAME (DORESS	RIVE, CUMBER	1 (11/1)	MD 2	1502
should with	-	RENATO ESPIN		Tag				ו לשואיםי	D. Z	1702
ВР		BURIAL, CREMATION, REMO BULLIAL	1/6/8	3 Gr	eenmount	Cemetery	23d. LOCATION CITY OR TOWN			
OHMH - 16 50M 4/82 (VRA 15, 4)	GE GE	UNERAL DIRECTOR G. UP	HOME CUI	2 GREEN ST	TREET MD. 215	Pa	AN 1 1 1983	256. REGISTRAR	R'S SIGNATI	JRE A

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16	4		1.	FOR STATE REGISTRAR			DEPART	MENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	0 0))	5
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# H	o le	19	3. SE		4.	RACE	OTAN	5. DATE C	OAY YEAR	6. AGE (IN YEARS LAST BI	MON	THS DAYS	HOURS MIN.
Poge	(AR	1	7aB	MATE RTHPLACE (STATE OR F)	DREIGN 7b	CAUCA	WHAT COUNTRY?	B	11, 1922	9. BALTIMORE CITY O	YRS. OR COUNTY OF	DEATH	
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ND 212	filled in to build be fi	25	13a.	AL RESIDENCE (IF NURSI STATE ARYLAND	THE COUNTY	HER INSTITUTION	13c. CITY OR TOW FROSTBU	/N	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS RT. 2, F	INZEL R	OAD	21632
MARYLA d within	mpletsky and 2 sk	0	14. F	TAMES NAME	MI	DDLE	CLARK		15. MOTHER'S MAIDEN NA ANNA FIRST		BURDOC	LAST	
BALTIMORE,	Pages 1	Z dec	16a \	WAS DECEASED EVER	U.S. ARMI		16b. SOCIAL SECU 215-18-8		17. INFORMANT MRS. MAREL		TBURG,	MD. 21	P
W. PRESTON ST.,	signed by the ottending physinen please remove carbon pop burnal, cremation, or removo	ury, or other troumotic event,	Z.	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	which ediote the lost.	DUE TO, C	Ca Fu DR AS A CONSEQU DR AS A CONSEQU	ENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR COM	NDITION GIVEN	3 W	MATE INTERVAL MSET AND DEATH S &
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	H - 16 50M 4/ (VRA 15, 4)	/B2		UNERAL DIRECTOR IRST FUNERA	L HOME	, 57 F	FROST AVE	., FR	OST, MD.21532	EB 784 RE 1983	256 BEGISTRA	R'S SENIO	help

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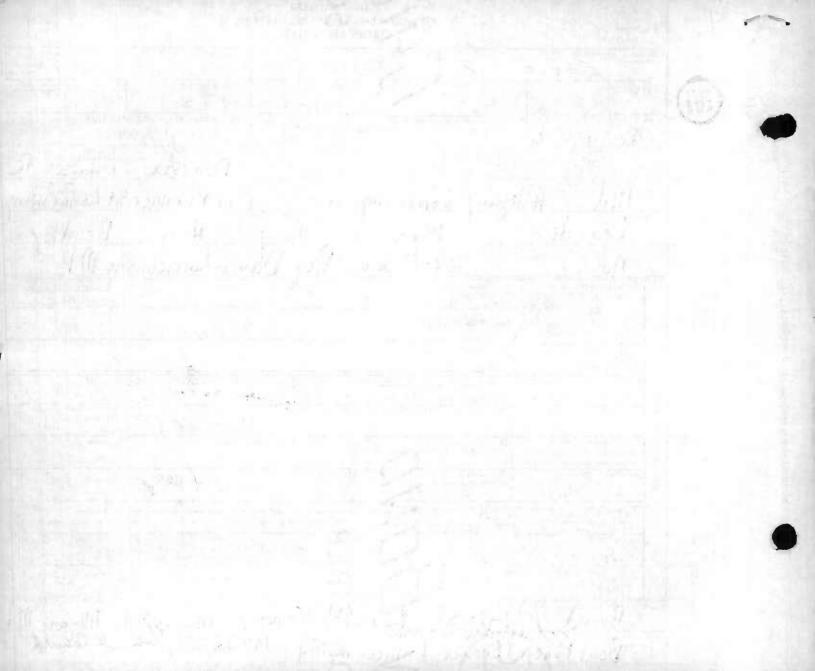
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	1.	FOR STATE REGISTRAR	DE	PARTMENT OF HEA	OF MARYLAND LITH AND MENTAL HY ATE OF DEATH	GIENE 8 3	0 0 0	1 6
		CEASED NAME FIRST OR PRINT)	MIDDLE	LAS		20. DATE OF DEATH MON	TH DAY YEAR 26	HOUR 3
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Op op	3. SEX		4 RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRTHDA		UNDER 24 F
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oth Page Amoy be deat	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	INTRY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH	
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Page		no	214-	05-9372	Mr. William	A. Davies, So	on	
that the death certi by the attending F sose remotion, at rem of, cremation, at rem r other traumatic ev		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)		ement	Vixare		
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		STATE OF MARYLAND	
. 200	11.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 0	/
1	1,,	REGISTRAR CERTIFICATE OF DEATH REG. NO.	
	I. DE	DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 20, H	HOUR
o e o	(TYPE	PECAPRINI) Effice A Davis 1-19-83 4:	PM
You of the	3. SE	T KACE	NDER 24 HRS
* * * (M)		Female W/C MONTH DAY YEAR 93 YRS. MONTHS DAYS HOU	URS MIN
8 701	7a. B!	BIRTHPLAGE ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY?	
deoth 38P	IN	Wheeling WW (1317 WIDOWED DIVORCED Allegrang	MD.
- Jan 190		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUS	SINESS OR
		onaconing Egle Nursing Home Domestic House	wite
D 212	13a S		539
LAND Jin 24 Shoule	14.5/	FATHERS NAME) HIRGAN LONGCONING YES NO [1] TVYNACE ST LONGCE	oning
MARYLAP ed within ond 2 sho	19.17	FIRST Eander MIDDLE FLAST & Many Ann Brudk	0.1
E, MA	16a. V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL ECURITY NO. 11 INCOMMANT ADDRESS	7
TIMORE.	((YES, NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 164-10-3090 YOY DAVIS-LONGCONING 1) d	
ALTI sicion pers. ol.		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	INTERVAL AND DEATH
ON ST., BAL! th certificate adding physicic corbon poper t, or removal. notic event, th		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carried and International Control of the Contro	
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PRESTOR The attend The atten		Conditions, if any, which gave rise to immediate (b) attention from design desi	
W. PRESTON :		couse lost, stating the underlying cause lost.	
S, 301 W ires that an Pleose burial, cr		(c)	
PRDS, 30 requires on signe Then pl in to buri injury, o	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101	
bw req	18	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS L	IISED
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PHYSICIA bending p this certific buriol-land Mentol	MEDICAL	(# E/THER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21l. LOCATION	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120' ENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours old or ottending physician. 28. After this certificate has been signed by the attending physician and completely filled in the case as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be the oth and Mental Hygiene prior to burial, cremation, or removal.	MED	WHILE NOT WHILE AT WORK AT WORK AT WORK TO A TOWN AT WASHINGTON AT WORK TO A TOWN AT WASHINGTON AT WORK TO A TOWN AT WORK TO A TOWN AT WASHINGTON AT WASHINGTON AT WORK TO A TOWN AT WASHINGTON AT WASHI	STATE
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2 of 5 H		sow the deceased olive on 19 3, and that in (my) (our) opinion death occurred an the date and hour and fram the couse obove, (I) (we) (did) (did not) view the body after death.	es stated
OR A DIREC DIREC DOPPT:		226. SIGNATURE DEGREE 221. DATE SIGN	JED V
by the CERAL DI Store De detacl		Jehnel X: Mun My ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI	8)
		270 PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS 120 ADDRESS 120 MACO	141146
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	230.	SPECIFY DURIS 11 - 12 2-83 Lavre Hill & motion CITY NOSCOWMILS COUNTAINS	STAYN
DHMH-16 60M 1/73	24. F	FUNERAL DIRECTOR 250. DATE REGIO BY REGISTRAR SY REGISTRAR SIGNALURE	11
(VR A 15 (4))		Boal trieral Service Longcon inglid JAN & 4 1303 John Com	*



es that the death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the haspital or attending physician in signed by the attending physician and campletely filled in by the funeral di Then please remove carbon papers. Pages 1 and 2 should be filed within 72 ha

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or them 18 shaws any

must be notified at once.

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injury, or other troumatic event, the

STATE OF MARYLAND

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	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 0 0 1 8						
	1. DECEASED NAME FIRST	MIDDLE .	Dawson	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 5. 1983 7:50 PM		
	3. SEX L'EMA LE			6. AGE (IN YEARS LAST BIRTHDAY) 101	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		
	Jo. BIRTHPLACE (STATE OR FOREIGN WEST VIRGINIA	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED		ITY OF DEATH MD.		
	CUMBERLAND	11. NAME OF HOSPITAL, NURSIN CUMBERTAND NURSI		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK INC	12b. KIND OF BUSINESS OR INDUSTRY DUMESTIC		
)	MARYLAND AS CON			7 13e. STREET ADDRESS WINLER RED & WI	21502 LLIAMS RD.		
	14. FATHER'S NAME FIRST MICHAEL	MIDDLE LAST KALBAUGH	15. MOTHER'S MAIDEN FIRST MARLAM	MIDDLE	CIGHT!		
	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	WED FORCES? 16b. SOCIAL SECUI	RITY NO. 17 INFORMANT JOSEPH TRE	ADDRESS INTOM FLORIDA			
	PART I. DEATH WAS CAUSE	TE CAUSE (o) COYCL	iopulmonary	Arrest + failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	Couse (a), stating the underlying couse lost. Due to, or as a consequence of in Competence PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.						
)	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO		
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21d. PLACE OF INJURY (AT HOME STREFT FACTORY)		DAY YEAR 19 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 19 211. LOCATION 5 IREET CITY OR TOWN COUNTY				
	22a.1 certify that (this hasp	ital) attended the deceased from	7 - 29 , 1973 3 , and that in (psy) (our) opin	, to	, 19 3 , that UP (we) last nour and from the causes stated		
	22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	i on behalf	DEGREE ST ATTENDIN Halmos PHYSICIAI Title ADDRESS		1/26183		

BP. DHMH - 16 50M 4/82

(VRA 15, 4)

73b DATE

23a. BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY

CHMETERY

23d. LOCATION

COUNTY STATE

25a DATE REC'D. BY REGISTRAR 1983

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WESTERNIPORT MD

BOAL'S FUNERAL HOME

(VRA 15, 4)

STATE OF MARYLAND

2		ems 13b-e per FOR STATE REGISTRAR	phone 1/25/83 DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 0 2 0
		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	To bring on berting	DAY YEAR 26 30102
(MA)		NEVIN	Wertz	DOUB	JANUARY 13, 198	
	1.5E)	ale	White	S. DATE OF BIRTH March 2, 1911	71 YRS.	IF UNDER 1 YEAR IF UNDER 24 MRS
Senth Po		RTHPLACE (STATE OR FOREIGN OUNTRY) Cyland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Allegany	OF DEATH MD.
1 1 50	C	TY OR TOWN OF DEATH UMBERLAND	ORIAL HOSPITA	ADDRESS)	120 USUAL OCCUPATION UYPE OF WORK FOR MOST OF WORKING LIFE 12 DOTET	12b. KIND OF BUSINESS OR INDUSTRY Store
filled in I		va. parti	OTHER INSTITUTION, GIVE RESIDENCE BEFORE UTY Carrolla CITY OF TOWN THOSE BALLIMOR			gfield21784 Hospital
maktia red within and 2 sh acominer	14. FA	THER'S NAME	MIDDLE Doub	15. MOTHER'S MAIDEN NA East	WIDDLE	Spessard
mod co	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU 273-05-6		Doub, Rockville	e, Md.
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours; oftending physician. When this certificate has been signed by the attending physician and completely filled in boas the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be fill than Amenal Hygiene prior to burial, cremation, or removal. Outlief of them 18 shows any injury, or other traumatic event, the medical examiner having be for a state of them.	TION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	& free		EN IN PART To
ITAL RECOIL Is The low residuo. Sicion. Onde hos beer system perior Systems on yiel Shows on yiel	CERTIFICATION	210. ACCIDENT WAS UNDERLYING			IN CERTIF	YING CAUSES OF DEATH?
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OR ATTENDIA hospital or IRECTOR: A ched for use ept. of Heal item 21 is m			toll attended the deceosed from	DEGREE	death occurred on the date and hou	19, that (1) we) fast r and from the causes stated 221. DATE SIGNED
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BP Teb	23a. E	URIAL, CREMATION, REMOVAL SPECIFY) Temation		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24. FU	INERAL DIRECTOR	me, Smithsburg,	ithsburg Crematory 250. DAI Md., 21783	ISmithsburg Was re REC'D. BY REGISTRAR TARREGIST IN 191983	

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIFIC	CAILOL	DEATH		REG. NO.				
1. DECEASED NAME (TYPE OR PRINT)	WILLIAM	I EDV		DUBY	ST		January	EATH MONT		YEAR	26 H 248	A M
3. SEX	4. F	ACE		5. DATE OF	BIRTH		6. AGE (IN YEAR		IF U	NDER I YEAR		_
Male	Limb	White		June	e 22,	1927	5	5	YRS.	THS DAYS	HOURS	MIN.
7a. BIRTHPLACE (STATE C			AT COUNTRY?	8. MARRIED		MARRIED -	9. BALTIMORE	CITY OR CO	UNTY OF	DEATH		
Californ	200	USA		WIDOWED		NORCED	A	llegan				MD
CUMBERLAND		IF NOT IN SUCH F	SPITAL, NURSING ACILITY, GIVE STREET A HOSPIT	ODRESS	ROTHER IN:	STITUTION	Securi	R MOST OF WOR	KING LIFE)	INDUSTRY	of BUSINESS cules	
USUAL RESIDENCE (IF NO 130. STATE Maryland	Alleg	13	c. CITY OR TOWN Cumberl	N	13d. INSIDE YES 🔀	CITY LIMITS?	130. STREET AD	DRESS Penns	ylvar		1502 ve.	
14. FATHER'S NAME FIRST JOSET	h Edwin	DIE.	LAST			S MAIDEN NA		WIDDLE		LA	ST	
160. WAS DECEASED EVE (YES NO OR UNKNOWN)	R IN U.S. ARMEI		b. SOCIAL SECU	RITY NO.	17 INFORM			ADDRESS				
Yes	War II	Korean	220-16-70	013	Mrs	. Mary	Lou Dub	y, Cum	berla			
PART I. DEATH	WAS CAUSED B		for (0), (b), ond	RAT	ORY	FA	-1 LUR	F		BETWEEN	ONSET AND DE	ATH
Conditions, if or gove rise to i couse (a), sto underlying cou	mmediate ting the se lost.	(c)	AS A CONSEQUE	NCE OF	TION		NEUA			IN PART 1	0	
RIGHT 190 DATE OF OPER 210. ACCIDENT WAS U	IT PN	FUMO.		my.	C	ARCIN		RT	LU	6/6	NGS USED	
THE		170 CONDYIN									OF DEATH	,
OR COLUMNIA IN LO	CAUSE OF DEATH	HOUR A.M.	NJURY MONTH DA	Y YEAR	21c. HOW I	NJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITI	EM 18 PART I	OR PART 2)		
AT WORK AT W	WHILE		, FACTORY, OFFICE, FA		211. LOCAT STRE	ION et	(CITY OR TOWN	,	COUNTY	STA	31
22a.1 certify that sow the dece	(this hospital) osed alive on (did) (did not) vi		170	3/2 3, one	that in (an)	19 <u>8 2</u> (our) opinion	deoth occurred o	on the dote on	hour on	d from the	that (we) lost
226. SIGNATURE	haux	Nalle	•	D	EGREE	ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN [22c. DATE	SIGNED	
22d PHYSICIAN'S Dr. Nat		NI)			22e ADD		Hospita and, Ma			Bui1 1502	ding	
23a. BURIAL, CREMATION	N, REMOVAL	3b. DATE	23c. N	AME OF CE	METERY OR	CREMATORY	23d. LOCATI	ON	re	DUNTY	STAT	TE.
Burial		1-14-19	983 S	unset	Memor	cial Par		berlan				

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

DHMH - 16 50M 4/B2 (VRA 15, 4)

with the alone Dept. Of recommond washingtone prior to condit, chemotory, or removal.

MPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumotic event, the medical examiner must be not

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filler with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR
NAME James F. Scarpelli, Cumberland, Md.

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STATE OF MARYLAND

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4	1-	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 3 0	0 0 2 3
		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
A 85	litre	KA7	THLEEN 1	4	EICHORN	JAN. 1	1 1983 4:35 AM
	3. SEX	F	4. RACE	5. DATE			IF UNDER TYEAR IF UNDER 24 HRS
95g	1 . 5	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	MARRII	D NEVER MARRIED DIVORCED		OF DEATH
and the particular of the part		TY OR TOWN OF DEATH			OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
rs ofter by the filled with	1	ROSTBURG	FROST BULL	CG COMM	UNITY HOSPI	THE THOUSENIFE	OUN HOME
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7 F 74 F	14. F.A	THER'S NAME	LEGANY FR	OSTBURG	15. MOTHER'S MAIDEN N	IAME	37,
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NOT WHILE WHILE 220 I certify that (I) (this hospital) attended the deceased from

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN # ADDRESS

Shin Kim, M.D. 48 Tarn Terrace, Frostburg, MD • Frostburg, 231. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL JJb DATE

Burial 24 FUNERAL DIRECTOR

Durst Funeral Home, Frostburg, Md.

Allegany, Md. Frostburg Mem.

22c. DATE SIGNED

DHMH - 16 50M 4/B2

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Male White Nov 30,1903 79 yrs. Hours Day Year DEAD Jan. 8, 83 76. BIRTHPLACE (STATE OR PORTON COUNTRY) Pomma. 10. CITYEN OF WHAT COUNTRY? Pomma. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION POR MOST OF WORKER OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION POR MOST OF WORKER (JET). 12. CITY OR TOWN OF DEATH 13. STATE 13. COUNTY Maryland Allegany Frostburg Community Hospital Textile Gelanes 13. COUNTY Maryland Allegany Frostburg 13. MOTHER PROMOSES STATE 13. MOT	3 SEX						
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		AT WORK AT WORK					
220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion		22a. I certify that I took charge	e of the remains described above, h	eld on Autops	sy . Inspection	, Inquiry , ond in r	my opinion
deoth resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined manner .		deoth resulted from: Noture	ol couses . Accident	, Suicide	, Homicide Und	determined monner .	
ACTUAL PROMISE TITLE (SPECIFY) DATE 1-9-		N	aurinan VI	41.6	, , , , , , , , , , , , , , , , , , , ,		DATE 1-9-83
SIGNATURE M.D. Deputy MEDICAL EXAMINER SIGNED 1-7-		ACTUAL	and p	1 - M.	D. Deputy M	EDICAL EXAMINER S	GIGNED 1-7-8
EXAMINER'S NAME Francisco Reyes, M.D. ADDRESS 900 Seton Drive, Cumberland,							
23a RIJRIAL CREMATION REMOVALI 23h DATE 123. NAME OF CEMETERY OR CREMATORY 123d LOCATION)	SIGNATURE	ncisco Reyes,	M.D.	ADDRESS 900 Set	on Drive, Cum	berland, Md
	230.BU	SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) JRIAL, CREMATION, REMOVAL 23			ADDRESS		
	230. BU	EXAMINER'S NAME (TYPE OR PRINT) JRIAL, CREMATION, REMOVAL 23 Burial	Bb. DATE 23c. NAM	E OF CEMETERY OF	R CREMATORY 236	LOCATION ITYORTOWN Frostburg. A	county state
Durst Funeral Home, Frostburg, Md. 181983 John J. Comics.	230.BU (SF	EXAMINER'S NAME PLAT (TYPE OR PRINT) JRIAL, CREMATION, REMOVAL 23 PRINT 1 2 JUNERAL DIRECTOR	Bb. DATE 23c. NAM an 11,1983 Fr	e of CEMETERY OF	R CREMATORY 236 Mem Park 250. DATE REC'D.	TOCATION ITY OR TOWN Frostburg A BY REGISTRAR PREGISTRAR	county state

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10	8	1-	tem #5 per FOR STATE 1/26/8 REGISTRAR	phone 3 rc		Fun Homest DEPARTMENT OF					S REG. NO	0 0	כ הם	9
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	PAGE BE FILED		TY OR TOWN OF DEA Cumberland	.Md.	214 Ar)	HER INSTITUTI	ION 12	o. USUAL OCCI	UPATION (TYPE ORKING LIFE) Manage		OR INDUST A&P Ma	RY
1001	AND 33	13a. S	AL RESIDENCE (IF IN NUR STATE aryland	13b. COUNT	other institution, GIV Y gany	residence before admis 13c. CITY OR TOWN Cumberl		13d. INSIDE CIT	Y LIMITS? 13	street ADDR	ch Stre	et -	21502	
	24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY. ITEM IB. GIVE PAGES 1, 2, AND 310 THE FUNERAL DISTONG WITH FORM PM. 3. RETAIN PAGE 5 FOR YOU PERMIT. PAGES 1 AND 2 SHOULD BE FILED, WITHIN 72 GIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON WAL.		ATHER'S NAME FIRST Howard Hans		WIDDLE	LAST		Eva	a Mae	NAME	WIDDLE		LAST	
PITING	S AFTER (SIVE PACE) TH FORV PAGES 1 VISION (160.	MAS DECEASED EVER I ES, NO, OR UNKNOWN) NO	IN U.S. ARM (IF YES, GIVE W		215-26-7		Mrs.		K. Hans	ADDRESS el, Cum	berla		
AVIECAL OF VITAL BECCENE AND W. OBECTON OF BATTAMORE AND	TO MEDICAL EXAMINER: THIS CETHIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM IS PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WAFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		18 CAUSE OF DEATH PART I DEATH W. 9554 Conditions, if o gove rise, to cause (o) stating lying couse lost. PART 2 DTHER SIGNIFICANT	AS CAUSED IMMEDIATE ny, which immediate the under-	BY: CAUSE (a) 50 DUE TO, OR (b) DUE TO, OR (c)	elf Inflic AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TE	OF				e Head		APPROXIMAT BETWEEN ONSE 1mmed	
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9	MEDICAL EXAMINER: T CUTE THE CERTIFICATE, 5E 4 SHOULD BE FORW FUNERAL DIRECTOR: P, ER DEATH, WITH THE ST TIMORE, MARYLAND, 2)	22a. I certify that I death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Naturo	of the remains described by the second secon	ur m	Auto		ECIFY)	Undetermined in	manner .			18, 19 MD
t , ,	BP	(URIAL, CREMATION, RESPECIEY) Burial UNERAL DIRECTOR	EMOVAL 23	Jan. 21, 19	234 NAME OF C	n Men	or cremator norial	DV 12	3d LOCATION				TATE
	(VR A15 ME (5))		Jam	es F.	Scarpell	i, Cumberl	and,	Md.	ייירוט					

all by heart and the second of the second additional up laid of tho. do . - wising to and the state of t . All the second of the second o Alleg Control of the TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral direc should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages I and 2 should be filed within 72 hours

and Mental Hygiene prior to burial, cremation,

MPORTANT: If Hem 21 is marked ar Hem 18 shows any injury, ar ath

should be detached for use as with the State Dept. of Health

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR		C	ERTIFICA	TE OF DEATH	REG. N	0.		
	CEASED NAME FIRST		MIDDLE	LAST	11 14 17 17	20. DATE OF DEATH	MONTH DAY	EAR 26	b. HOUR
	PHYLLIS	DEVO	TA HARD	EN		JANUARY 17	, 1983	1	L:53 AM
3. SE	X	4. RACE	5.	DATE OF B	IRTH DAY YEAR	6. AGE (IN YEARS LAST BIR			FUNDER 24 HRS
F	EMALE	WHITE	F	EB 2		58	YRS.		
7o. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8.	MARRIED X	NEVER MARRIED	9. BALTIMORE CITY O	-	TH	
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CI	UMBERLAND	SACRE	HOSPITAL, NURSING H CH FACILITY, GIVE STREET ADDI D HEART HOS	PITAL	THER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWI	F WORKING LIFE) INDL		BUSINESS OR
130. S	AL RESIDENCE (IF NURSING HOM STATE MARYLAND A]	E OR OTHER INSTITUTION DUNTY LEGANY	GIVE RESIDENCE BEFORE ADA 13t. CITY OR TOWN CUMBERLAN	D 13d	. INSIDE CITY LIMITS?	13. STREET ADDRESS 227 HUMBIR	D STREET	21	502
14 F/	CLARENCE	MIDDLE	lea s ûre	15.	MOTHER'S MAIDEN NA	MARIE	WO	LFE	
	WAS DECEASED EVER IN U.S. YES. NO RUNKNOWN) . (IF YES	ARMED FORCES? GIVE WAR OR DATES)	219-14-704		INFORMANT LWOOD HARDE	N 227 HUMBI		BERL	IND MD
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)_	OR AS A CONSEQUENCE	2	H. I.			Ì	
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CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY .M. MONTH DAY .M.		c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR P	ART 2)	
MEDIC	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM		f. LOCATION STREET	CITY OR TO	own cou	MIA	STATE
	220.1 certify that (1) (this he saw the deceased alive abave, (1) (we) (did) (die	an 1 /-	17 198	→, ond th	not in (my) (our) opinion	death occurred on the d			at (I) (we) last uses stoted
	22b. SIONATURE	auer)	DEG	ATTENDING PHYSICIAN	MEDICAL STA	FF .	DATE SIC	7,1983
-	224 PHYSICIAN'S NAME IT			1 22	ADDRESS	- DIRECTOR PHISIC	CIAN	43. 1	,110

BP.

TO HOSPITAL

DHMH - 16 50M 4/82 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL

1983

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION CITY OR TOWN

924 SETON DRIVE CUMBERLAND, MD 21502

STATE

24 FUNERAL DIRECTOR STREET FUNERAL HOME, CUMBERLAND, MD

VELANDIA, M.D.

CEMETERY CUMBERIAND
TREET 1250 DATE REC'D. BY REGISTRARIZ
MD JAN 1 9 1983

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR		DEPARTA		EALTH AND I		HENE U	REG. NO	U	0	US	4
		CEASED NAME FIRST	٨	AIDDLE	1.	AST		20 DATE OF		MONTH D	AY YEAR	26 HOL	JR
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	3. SE)	X .	4 RACE		5. DATE C			6. AGE INY	EARS LAST BIRT	-	FUNDER I YEA	R IF UNDER	
		FEMALE	WHILE	Ε	3	11	911	71		YRS.	DAY.	HOURS	MIN.
1		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D X NEVERA	AARRIED 🗆	9. BALTIMO	RE CITY O	R COUNTY O	OF DEATH		7
2		Penna		S.A.	WIDOWE	D D	ORCED [100	Al	Legan	MD.
1		TY OR TOWN OF DEATH CUMBERLAND	(IF NOT IN SUCI	OSPITAL, NURSIN H FACILITY, GIVE STREET ACRED HEA	ADDRESS)		TITUTION	, , , , , , , , , , , , , , , , , , , ,		WORKING LIFE)	12b. KIND INDUSTR	OF BUSIN	ESS OR
5	13a. S	ALL		13c CITY OR TOW FLINTS	N	13d. INSIDE C	NO X	13e STREET /	ADDRESS	18788: 21	02B	215	30
~	14 FA	THER'S NAME FIRST	MIDDLE	LAST			MAIDEN NA	WE	WIDDLE			AST	
U		Pmory	C	Perc			Georgia	anna				ishe:	r
		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMA		CHE	ADDRE	Rt #1.	-Box 2	202B	Sell
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7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTC	NO	20b. IF YES, IN CERTIFY YES	WERE FIND ING CAUSE	INGS USE S OF DEAT	TH?
1		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE-	ATT.	M. MONTH DA	AY YEAR	21c HOW IN	JURY OCCURE	RED (ENTER NA	TURE OF INJUR	Y IN ITEM 18 PAR	RT 1 OR PART 2)		
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		270 I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no	1 Cla	10 5	53. or	d that in (my)	, 19 (our) opinion	, to deoth occurre	d on the do	te and hour	ond from the	, that (I) (e couses st	
		27b. SIGNATURE	ماريد)	V		TTENDING PHYSICIAN [MEDICAL DIRECTOR	STAF		22c. DA1	E SIGNED	
1		22d. PHYSICIANS NAME (TYPE	PRINT)			22e. ADDRES	S						
1		DR. LACERNA	W	6 2 bic	SICE	SETON	DRIVE						
		URIAL, CREMATION, REMOVAL	11h DATE	23c. N	AME OF C	EMETERY OR C		23d LOCA	ATION OR TOWN		COUNTY		STATE
	,	D	T 00	7000 0			0 5 15		OK TOWN		7 7		- AINTE

BP.

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

Silcox-Merritt Funeral Service.

ADDRESS 404 Decatur St 250 DATE RECD. BY REGISTRAR'S SIGNATURE JAN 24 1983 John & Committee Communication of the Committee Committee

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	1-	STATE REGISTRAR			MEDICAL					**	-	REG.	NO			
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	(TYF	PE OR PRINT)	V	iolet E	. Hasenb	uhler					OF DEATH	ESTI- MATED	58	1-9-	19 8	3 4A
	3. SE	(4. RACE	5. DATE OF		6. AGE (IN YEA			IF UNDER		2c. DATI	E	MOM	VTH DA		R 2d HOL
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_	70 B	RTHPLACE (ST	ATE OR		OF WHAT COUN		R	D NE	VER MARRI	ED [9. BALTIA	MORE CIT	Y OR CO	UNTY O	FDEATH	
		Maryla	nd		USA	500	WIDOWE		DIVORC			Alle	gany			M
	10. C	ITY OR TOWN	OF DEATH	11. NAME C	OF HOSPITAL, NUI	RSING HOME	OR OTHE	R INSTITU	TION		MOST OF WO	PATION (TYPE OF W	ORK 12b.	KIND OF B	BUSINESS
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ĺ	14. F	ATHER'S NAME		MIDDLE		LAST	J/12	15. MOTHE	ER'S MAIDE	NAME		MIDDLE			LAST	
				ard L. I						Lucy	M. C	lark				
	160.	VAS DECEASED ES, NO, OR UNKNO	WN) (IF YES, G	ARMED FORCES		IAL SECURITY		17. INFORA				ADDRE				
		no				40-360	18	Mrs.	Ruth	Fra	nces	Whit	man,	Daug		
		18 CAUSE O	F DEATH (Enter ATH WAS CAU	anly one cause	per line for (o), (b)		10	+.	/	7	1.		1		APPROXIMA SETWEEN ONS	TE INTERVAL
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•	23a. B	SPECIEY)	TION, REMOVA	23b. DATE	23c. N	IAME OF CEM	ETERY OR	CREMATO	ORY	CITY	ORTOWN			COUNTY		STATE
		Buria		Jan.12	2,1983 5	nyder	Cemet	erv		S	nyder		Va.			
	24. F	NAME			ADDRESS				250. DATE R	EC'D. BY	REGISTR	AR 35b. RE	GISTRA	R'S SIGN	ATURE	
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3		CEASED NAME	FIRST		MIDDLE		LA	AST		Ze. DAT	E KNOWN X	HTMOM	DAY	YEAR	26 HOU
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· 新聞発生第一公	FC	REIGN COUNTRY)		The Children of Will	41 00014	IKT		D NEVE		ED 🔼				EAIN	
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DELAY IS TO THE FI	7	IT OK TOWN	OFDEATH	11. NAME OF HOSP (IF NOT IN SUCH FACE	LITY, GIVE ST		, OR OTHE	RINSTITUTI	ION	12a USUAL OCC FOR MOST OF V		E OF WORK	OR	ND OF BU	RY
21201 F ANY DELA AND 3 TO RETAIN PA HOULD BEY RECORDS		Cumberl		Sacred He			(DOA)			CAB DI	RIVER		TRA	ANSP	OR-
21201 F ANY DEL AND 3 TO RETAIN B HOULD BE RECORDS		AL RESIDENCE	(IF IN NURSING HOME COUN	OR OTHER INSTITUTION GIVE		OR TOWN		3d. INSIDE CITY	V LIMITS2	13e. STREET ADE	RESS			TATI	NC
AND AND SECOND	100	ARYLAND				LDTOWN	ľ	YES 🗌	NO 🗌	BOX 350		NS AV	ENU	E 21	555
22,2, I		ATHER'S NAME						5. MOTHER	S'S MAIDE						
	C	WILLIA	М	E.		YES S	SR.	FIR:	ETTY		MIDDLE			GNER.	
FER DE PAGE ORM ON OF	16a. V	VAS DECEASEI	DEVER IN U.S. AR			IAL SECURITY		7. INFORM			ADDRESS	S OLD		N, M	D
BALTIMA JRS AFTER 8. GIVE PA WITH FOR T. PAGES I DIVISION		ES, NO, OR UNKNO	WN) (IF YES, GIVE	WAR OR DATES)	21	4-48-00	207	בוויוים מ	Z CDA	NGER BOX	250 M				
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ST.,		PART I DE	ATH WAS CAUSE	ly one couse per line f			1			1			BETW	EFN ONSE	T AND DEATH
ON ST TEM 1: TEM 1: TONG PERMI GIENE, VAL.	76	43		TE CAUSE (o)ALT				ardio	vascu	lar dis	ease		-		
PRESTON ITHIN 24 H CIL IN ITEM VER ALON ANSIT PER REMOVAL		1 d.	-10	DUE TO, OR A	S A CON	SEQUENCE C	OF .								
WITHIN 2 NITHIN 2 NIT			ns, if ony, which se to immediate	(b)											
> 0% 3, 50		couse (a) lying cou	stoting the under-	DUE TO, OR A	SACON	SEOUENCE O)F								
00 % E = C &	1-3	191119 000	56 1031.	(c)											
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L REALLY CO. L. C.	T F	19a. DATE OF	OPERATION			WHICH OPERA		S PERFORM	NED?				20. A	UTOPSY	?
E SHOULD WORD "PE CHIEF A BE USED. NT OF HE. BURIAL, O	I E												,	ES X	NO 🗆
> 200 m = 2 -	CERTIFICATION	210 EXTERNA	L CAUSE WAS	216. TIME OF			21c. HO	W INJURY C	OCCURREI) (ENTER NATURE OF	INJURY IN ITEM TO	PART TORPA			
		UNDERLYING			MONTH	DAY YEAR									
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DIVIS HIS CER WRITINA ARDED AGE 3 SI ATE DEP	ME			STREET, FACTO			STR			CITY OR	TOWN	CO	UNTY		STATE
2444¥		AT WORK	ATWORK												
		22a I certi	fy that I took charg	e of the remains descri	ribed obo	ve, held on	Autopsy	X.	Inspection	Inqui	ry . o	nd in my op	noinic		
EXAMINER: CERTIFICATI JULD BE FOR WITH THE: MARYLAND		death results	ed from: Notus	rol couses X,	Accident	Suid	cide .	Homicio	de .	Undetermined	monner .				
ERTINE B			A 7	7				TITLE (SPI	ECIFY)						
A H. A		ACTUAL SIGNATURE.	// MA /	ANA			МГ	Assi	stant	MEDICAL EX	AMINED	DATE	- D	1-18	-83
SH S	9	A Section of the Land of the L	LAND	1				·							
MEDI CCUTE SE 4 FUN FINN TIMO	4-	EXAMINER'S	Ann	M. Dixon,	M.D		A	DDRESS	111	Penn St	., Balt	O., N	1d.	2120	1
TO MEDICAL EXAMINER: EXECUTE THE CERTIFICAT AGGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR; AFTER DEATH, WITH THE BALTIMORE, MARYLAND	23a B	URIAL CREMA	TION, REMOVAL 2		-	IAME OF CEM				23d. LOCATION					
	(:	SPECIFY)		01-21-83	231. 1		ON PAI				ORE CIT	COUN		RYLA	ND
BP		BUR TAL	TOR	01-71-93		TOOD			Se. DATE R	EC'D. BY REGIST					
DHMH - 17		NAME		ADDRESS	110		2122	9	114	NO O	00 0				
(VR A15 ME (5))	H	UBBARD	FUNERAL	HOME, INC.	410	/ WILK	ENS A	VE.	JA	NAUT	33 /0	the	Y.	alu	10

John J. Hafer, Jr. LaVale, Maryland

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4) - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

and the terms of the contract n de la serie de l treather Comm. Hogestul . Ret. Car Dealer Luth the modern tripe of 188 Erger, James County Strategy 15 - - - 73 College State Stat Cardina amost Alter rebete that Distall Your Corrbinationles Disease ON BULL OF THE OWN Charles me you so source 1933 Thomas T. Onder mas - Estaction Stoned Locarness that Million Strangeday Corner to Hillion of Hillion Carnel John J. Heren, Jr. Levels, Marylone JAN 28 1933 House Chief ?

	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	0003
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
Seat De		ERMA	GENEVIEVE	HURT	JANUARY 8, 1983	3:50 A
0 41	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
(60)		Female	White	May 6, 1921	61 YRS	
A CHAIL		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED TENEVER MARRIED	9 BALTIMORE CITY OR COUNT	
Bur 37 SK	10.5	Maryland	USA	WIDOWED DIVORCED	ALLEGANY COUNT	
1 100	1	umberland	SACRED HEART H	HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	I2b. KIND OF BUSINESS C INDUSTRY Nursing
thin 24 hau ely filled li 2 shauld bi	130.	Maryland Ann		VN 113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 614 Eliot F	Homes Road 2/123
omplet ond 2	0	Charles	s E. Bratt	FIRST	Clara E. Brin	kman
Poge		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GT	RMED FORCES? 166 SOCIAL SECTION OF WAR OR DATES) 215-14-		Hurt, Pasadena, M	MA.
that the death certificate d by the ottending physic lease remove carbonpape iol, cremotion, ar removal, or other froumalic event, the		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DBY: TE CAUSE (0) DUE TO, OR AS A CONSEQU (b) DUE TO, OR AS A CONSEQU (c)	vary arthy	Ditese	
ow requires theen signe rmit. Then pl prior to bur any injury, a	CERTIFICATION	PART 2. OTHER SIGNIFICAND 190 DATE OF OPERATION	s Melletis;	DEATH BUT NOT BELATED TO THE TER	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
HYSICIAN: The Iding physicion. is certificate hos buriol-tronsit per Mental Hygiene Tri Item 18 shows	All .	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	AIR	AY YEAR	YES NO YI	ES NO PART 2)
				19		
Ph th	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f LOCATION	CITY OR TOWN	COUNTY STATE
OR ATTENDING Phe he hospital or other the inched for use as the inched for use os the EDept, of Health and If them 21 is marked if them 21 is marked	MEDI	WHILE NOT WHILE 220.1 certify that (I) (this hasp	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, ital) ottended the deceosed from	PARM, ETC.) 21f LOCATION STREET DEC. 3 D 19 8 3 , and that in (my) (our) opinio	Z to Jan & n death occurred an the date and hor	19, that (I) (we) !
OR ATTENDING PR by the hospital or other by the hospital or other the ERAL DIRECTOR: After the e detached for use as the e detached for use as the Stote Dept. of Health and NUT; if them 21 is marked.	MEDIC	WHILE AT WORK 220.1 certify that (I) (this hosp sow the deceased alive or obove, (I) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE)	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, ital) ottended the deceosed from 19 21) view the body ofter death.	21f LOCATION STREET 22f LOCATION STREET 32 , 19 8 3 , ond that in (my) (aux) opinio DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	Z, to Tan. 8	19 2 , that (I) (we) I ur and from the couses stated
OR ATTENDING PP e hospital or otten DIRECTOR: Affer th ched for use os the Dept. of Health and	230.	WHILE AT WORK NOT WHILE AT WORK 270.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did not 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE: WALLY S. HIJAE BURIAL, CREMATION, REMOVAL	21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE. ital) ottended the deceosed from (AT HOME. STREET, FACTORY, OFFICE. ital) view the body offer death. OR PRINT) 3. M.D.	21f LOCATION STREET 22f LOCATION STREET 32 , 19 8 3 , ond that in (my) (aux) opinio DEGREE ATTENDING PHYSICIAN 22e. ADDRESS	n death occurred on the date and had been death occurred on the date and had been death of the date of	19 S. that (I) (we) I ur and from the couses stated 22t. DATE SIGNED 10 18 3 10, MD 21502
OR ATTENDING PR by the hospital or other by the hospital or other the ERAL DIRECTOR: After the e detached for use as the e detached for use as the Stote Dept. of Health and NUT; if them 21 is marked.	230.	WHILE AT WORK 220.1 certify that (I) (this hosp sow the deceased alive or obove, (I) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE: WALLY S. HIJAE BURIAL, CREMATION, REMOVAL SPECIFY)	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, ital) ottended the deceosed from The provided of the deceosed from (a) view the body after death. OR PRINT) B, M.D. 23b. DATE 23c.	21f LOCATION STREET 22 J 19 23 , ond that in (AMP) (AUF) opinio DEGREE ATTENDING PHYSICIAN 27e. ADDRESS 909-A SETON NAME OF CEMETERY OR CREMATORY	DRIVE CUMBERLAN	19 2 , that (I) (we) ur and from the couses stated 22t. DATE SIGNED 183. ND, MD 21502 COUNTY STATE
TO HOSPITAL OR ATTENDING Pretoined by the hospital or other TO FUNERAL DIRECTOR: After the should be detoched for use as the with the Stote Dept. of Health and IMPORTANT: If Hem 21 is marked	230.	WHILE AT WORK NOT WHILE AT WORK 270.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did not 27b. SIGNATURE 27d. PHYSICIAN'S NAME (TYPE: WALLY S. HIJAE BURIAL, CREMATION, REMOVAL	21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE. ital) ottended the deceosed from (AT HOME. STREET, FACTORY, OFFICE. ital) view the body offer deoth. 23b. M.D. 23b. DATE 23c. 23c.	21f LOCATION STREET 22f LOCATION STREET 23 0 19 8 3 . ond that in (1994) (QUE) opinio DEGREE ATTENDING PHYSICIAN 22e. ADDRESS 909-A SETON	n death occurred on the date and had medical STAFF DIRECTOR PHYSICIAN DIRECTOR CUMBERLAN CITY OF TOWN	19 2 , that (I) (we) ur and from the causes stated 22t. DATE SIGNED 10/83 ND, MD 21502

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21502	CIRIVE CLYBRING, N	OTBS A-209	.0.0	EALT OF KILLING	7
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		CEASED NAME	FIRST		MIDDLE	L	AST		20. DATE OF DEA	TH MONTH	DAY YEA	R 2b. HO	UR
	TYPE	OR PRINT)	.ola			Hus	sel baug	gh		1	2 83	8:1	O AM
2	3. SE			4. RACE		5. DATE C		VEAR	6. AGE IN YEARS		MONTHS DA	EAR IF UNDE	R 24 HRS
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Bo		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	MARRIE	NEVER M	ARRIED -	9. BALTIMORE C				
200	10 C	TY OR TOWN OF DEA	TU		States HOSPITAL, NURSIN	WIDOWE	The same of the sa	ORCED [Al lega	ny Cou		ID OF BUSIN	ME
影/		rostburg		(IF NOT IN SU	ch Facility, Give Street	ADDRESS)			(TYPE OF WORK FOR	MOST OF WORKIN	G LIFE) INDUST	Home	L33 OK
35	13a. S	AL RESIDENCE IN NURS	136. COUN	OTHER INSTITUTION	lac. CITY OR TOW	N	13d. INSIDE CIT	TY LIMITS?	13e. STREET ADD	Sox 109		2153	9
010	14 FA	THER'S NAME FIRST GEO	RAC	WIDDLE	Poole		15. MOTHER'S	ROSE.	ANI	57	2Rohn	LAST MRN	
r medicol		VAS DECEASED EVER YES, NO OR PIKNOWN)		MED FORCES?	213 01	8623	17. INFORMAN	VI	Tarn Ter	race			
		18 CAUSE OF DEAT	H (Enter on	nly one couse pe	r line for (a), (b), on	d Ich) , -	1	1	0		PROXIMATE INTE	
	8	11.		TE CAUSE (a)	Carolo	~ N	copy	avory.	for	me_	30	0 mis	mel of
mate		Conditions, if any,	b.tab	DUE TO, C	OR AS A CONSEQUE	ENCE OF	· VM	guy	Interel	ma			
4		gave rise to imr	nediote	(b)_	OR AS A CONSEQUI	NICE OF	A Cross	ace .	0				
0		underlying couse		(c)	OW	mos	clerge	1					
١٠٧٠ ٥١	-	PART 2. OTHER SIGN	VIFICANT O	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	NINAL DISEASE OF	CONDITION	GIVEN PAR	blioC-	1 -
y inje	J.	artinos	dest	re hea	ITION FOR WHICH	-	eflorne		200 AUTOPSY	2 1201 15	YES, WERE FIN	C FAM	me
No out	CERTIFICATION	190. DATE OF OPERA	IION	IVB. CONL	TION FOR WHICH	OPERATIO	WWAS PERFOR	KWED			RTIFYING CAU		ATH?
or Hem 18 sho	ER	210. ACCIDENT WAS UNE	DERLYING T	21b. TIME (OF INJURY		21c HOW INJ	JURY OCCUR	RED (ENTER NATURE				
Hem 18		OR CONTRIBUTING		5177	.M. MONTH D	AY YEAR	12 A 18						
± 1	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		21f. LOCATIO	N	CII	Y OR TOWN	COUNTY	,	STATE
rked	2	WHILE NOT WH		TAT HOME S	IREET, PACTORY, OFFICE.	ARM, ETC.)					,		11.5
is mo		220.1 certify that (1)		1 1		20		., 19_78	, to	1/2/	_, 19.83	_, that (I)	
m 21		sow the decease above, (1) (we)/(ed olive on	1) view the bod	y ofter death.			(our) opinion	death occurred or	the dote and			
TANT: # he		22b. SIGNATURE	SI	1	11 .	1	DEGREE A	TTENDING	MEDICAL	STAFF	111	2 P	2
Z-	1	22d. PHYSICIAN'S NA	AME ITYPE C	OR PRINT)	um		220 ADDRESS		DIRECTOR	ATSICIAN		10	0
IMPORTANT:		S. Lal	Sand	hir M.	D.		48 T	arn Te	rrace F	rostbur	q, MD	21532	>
3 3		BURIAL CREMATION,				NAME OF C	EMETERY OR C		23d LOCATIO	N			STATE
		Burne		1-5-	83 W	ester	Freedo	M CEME	la 541	Cesvil	e CAR	20/1	Mel

1 - STATE REGISTRAR

DHMH - 16 50M 4/B2 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG NO.

01.8 - 58	1 2	Apple Teach	afo	
		6 17 99	at hit	Female
	Vinual vasasiia	Y	United States	
		fantanal vetan	Frostburn Com	Frontburg
1000	P Rt 1 Box 109	X m onto	name) valenta	bastvast

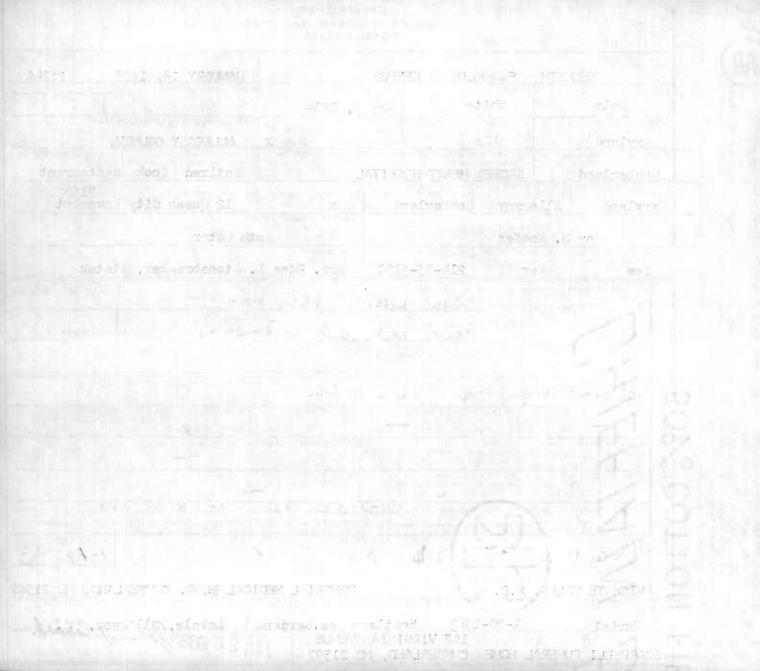
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40 Tarm Terrace Prostburn, M1 21532

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et and Jenne, Tu	Ji Kawlor Ci 1 Kawlor Ci 1 Tarr Terrace	Fet and anoto!	kasali X	Community ostburn Lugier 4-07-4310	ay Aust ay Aust banutsou	e f f a	bas funst
alori	t Vaulor Ci	anaP Sa nafel	x	nethamo Legier 4-07-4310	n ynsa	2154	has funs!! obon:12
Frostburg	3 Tann Tennac	ayaP Banafell	,n	10150-A	25		
Frostburg.		gs nafel	'n.	0167-40-7			
thurs MD R1532	2077 9067497	7 777 80			,0.11 m	falbna?	[6] .2

BP______ DHMH - 16 50M 4/8

١.	FOR			DEPAI		'E OF MARYLAND HEALTH AND MENTAL HYG	IENE 8 3	0	0 0	3 8
1.	- STATE REGISTRAR					FICATE OF DEATH				
1 DE	CEASED NAME	FIRST		MIDDLE		LAST	REG. No.	O. MONTH DA	Y YFAR	26 HOUR
	E OR PRINT)					****	20. DATE OF BEATT	MOITH. DA		
	KENN		FRANK	LIN I	KEEFER		JANUARY 1			1:24A M
3. SE		4.	RACE		5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	Male		whit	ce	May	5, 1914	68	YRS.	2413	Mile.
	IRTHPLACE (STATE OR FO	REIGN 7b.	CITIZEN OF	WHAT COUNTR	Y? 8.	- Division in against D	9. BALTIMORE CITY O	R COUNTY C	F DEATH	
	country) [arvland		USA		WIDOW	ED NEVER MARRIED DIVORCED IX	ALLEGANY	COLINIT	v	
	ITY OR TOWN OF DEAT	н 11	0.00	7		OR OTHER INSTITUTION	12a USUAL OCCUPATI			OF BUSINESS OR
1 .			(IF NOT IN SU	CH FACILITY, GIVE STR	EET ADDRESS)		TYPE OF WORK FOR MOST C		INDUSTRY	
	umberland			HEART I			Retired	Cook	Restai	urant
13a.	AL RESIDENCE (IF NURSINI	3b. COUNTY	HER INSTITUTION	13c. CITY OR TO		1134. INSIDE CITY LIMITS?	13e. STREET ADDRESS		21	502
Ma	aryland	Alleg	any	Cumberl	-	YES 🔀 NO	12 Queen	n City		
	ATHER'S NAME					15 MOTHER'S MAIDEN NA				
	FIRST ROTE T	. Kee	_	LAST		FIRST	th Oster		LAS	iT
160.	WAS DECEASED EVER IN			1166 SOCIAL SE	CURITY NO	17. INFORMANT	ADDRE	SS		
	YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)				C. 1 2	T- 0		
	Yes	War	II	214-05	-5130	Mrs. Edna I	. Stone brea	iker, 5		
	18 CAUSE OF DEATH	(Enter only	one cause per	r line for (a), (b),	ond ici.	r . 1 . 1 . 1	1	71.55	BETWEEN	MATE INTERVAL
	PART I. DEATH WA	S CAUSED 8 MMEDIATE (CA Vaile	history	lan british h	nam -			
	1950	MMEDIATE		0.4	III O	10				
	1100		DUE TO, O	RAS A CONSEC		0.0 4.10	undasi.			
	Conditions, if ony,		(p)	Canel	here	and acces	7 00 077		+	
	cause (o), stating	the	DUE TO, O	RAS A CONSEC	DUENCE OF					
	underlying cause	lost.	(c)							
	PART 2. OTHER SIGNI	FICANT CO	VDITIONS C	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N IN PART 1	0
O	atient had	CALA	mater	apo, use +	o be an	alloholic.				
CERTIFICATION	190 DATE OF OPERATIO	NC	19b. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
FF	-				-		YES NO NO	IN CERTIFY!	ING CAUSES	OF DEATH?
ERT	21g. ACCIDENT WAS UNDER	RLYING	21b. TIME C	OF IN ILIRY	_	21c. HOW INJURY OCCURE				140 []
	OR CONTRIBUTING CA			M. MONTH	DAY YEAR		(EMIERIANIONE OF MOD	CI POTIEM TO TAK		
CAL	I IF EITHER, NOTIFY MEDICA			.M.	19					
MEDI	21d. INJURY OCCURRE			OF INJURY	E SARM ETC)	211. LOCATION	CITY OR TO	wN	COUNTY	STATE
>	WHILE NOT WHILE		(A) COME. SI	- CONTROLL	E. PARM, EIC)	>	-			
	22a.1 certify that (I) (t	his hospital	ottended th	se deceased from	n 11-	3-87-1982		15	83	that (1) (we) last
						nd that in (my) (our) apinion (
	saw the deceased above, (I) (we) (dia	d) (did not) v	iew the body	after death.						
	226 SIGNATURE	_ 4. (1-00	. N. W	,	DEGREE ATTENDING	MEDICAL STA		22c. DATE	SIGNED
	Un could	-141	Jall	S. WI	a p	PHYSICIAN E	DIRECTOR PHYSIC		1-12	4-83
	226. PHYSICIAN'S NAM	AE ITYPE OR PR	INT)			22e ADDRESS				
	VICENTE VA	115 1	M.D.			MEMORIAL MED	ICAL BLDG	CUMBER	I AND.	MD 2150
230	BURIAL, CREMATION, RI		23b. DATE	12:	NAME OF	EMETERY OR CREMATORY	23d LOCATION	OUI IDEIX	11 4L/ 9	21701
	(SPECIFY)						CITY OR TOWN		COUNTY	STATE
	Burial		1-20-1			wn Mem Gardens		Alleg	cary C	To all
	UNERAL DIRECTOR					AVENUE 250. DAT	REC'D 8X REGISTAR	The state of	THE WATER	URE
IS	CARPELLI FU	NERAL	HOME	CUMBERI	AND, M	1D 21502 J.F	11 5 0 1302	/		



HOME: HYNDMAN PA

FOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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To those mouthful ...

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may retained by the hospital or attending physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page should be detached for use as the burial-transit permit. Then plassys remove carbon papers. Pages 1 and 2 should be filled within 72 hours after day with the Store Deat. of Health and Mental Hygene prior to burial, cremation, or removal.

1	1-	FOR STATE REGISTRAR	DEPARTM		MARYLAND H AND MENTAL HY E OF DEATH	GIENE 8 5	0 (0 0 4 (
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by the fune iled within	C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A MEMORIAL HOSPIT	G HOME OR OTH	HER INSTITUTION	120. USUAL OCCUPATION THOUSE WINT	ON 12b. 1	KIND OF BUSINESS OR USTRY
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n signed by the attendin Then please remove carb to burial, cremotion, or injury, or other troumdition	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE (b) CONCENT DUE TO, OR AS A CONSEQUE (c) AWELLANCE CONDITIONS CONTRIBUTING TO D	al he	Morsho Actery RELATED TO THE TER	Anlurym Minal disease or conf	DITION GIVEN IN P	PART 1(0
ricion. Te hos been sit permit. rgiene prior shows ony	CERTIFICATION	196 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WA	S PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES [FINDINGS USED CAUSES OF DEATH? NO
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TOR: A for use of Healt		sow the deceased alive on	tol) oftended the deceased from	3_, and that	in (my) (our) opinio	n death occurred on the do	te ond hour and fr	that (I) (we) los
AL DIREC detoched ore Dept. T. If Item		22b. SIGNATURE	Ling	DEGRI	ATTENDING	MEDICAL STAF	F	c. DATE SIGNED
TO FUNERAL should be detected by the should be detected by the Stote two		DR. RIAZ JANJU			ORTAL HOS	PITAL MEDIC MARYLAND	AL BUILDI 21502	ENG
ē ₽€3 <u>3</u>		urial, cremation, removal spec Buried.		AME OF CEMET	RY OR CREMATORY		COUNT	Y TATE
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STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO).		
	ECEASED NAME FIRST Ethe	l V. Kight		AST	20 DATE OF DEATH			26. HOUR 9:10 ♠
3. SE	Female	4. RACE White	S. DATE O	DEBIRTH 2 DAY 1888EAR	6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
5	BIRTHPLACE (STATE ORFOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF WHAT COUNTRY?	? 8. MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY OF Allegany	_	F DEATH	MD.
10. C	Cumberland	Cumberland No	wising	Home	120 USUAL OCCUPATION		126. KIND O INDUSTRY HOM	OF BUSINESS OR
5 Ma	ryland Alli	or other institution give residence befor INTY 13c. CITY OR TOV Egany Cumberly	NN .	13d INSIDE CITY LIMITS?	13e. STREET ADDRESS 418 Beal	l Stre	et Z	21502
	ATHER'S NAME FIRST John	H. Ingrar		15. MOTHER'S MAIDEN NAM	MIDDLE		Ste	ewart
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECTION (IVE WAR OR DATES) 215-58-		Marianne Elli	lott	Smith	Box sburg	
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MEDICAL CERTIFI	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	EATH HOUR A.M. MONTH D	19	21c. HOW INJURY OCCURR	YES NO	YES		NO STATE
	220.1 certify that (I) (this hosp sow the deceased alive a above. If (we) that id at 22b. SIGNATOR:	Affalu	0		death occurred an the da	- 10		that (I) (we) last couses stated
20	22d. PHYSICIAN'S NAME (TYPE	ALMOS	NAME OF S	200	Schle	11.0	mel	eclaud
	BURIAL, CREMATION, REMOVA	1110102		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN WOLLD'LNY	ort-Al	Legani	y CostateMd.

DHMH - 16 50M 4/B2 (VRA 15, 4)

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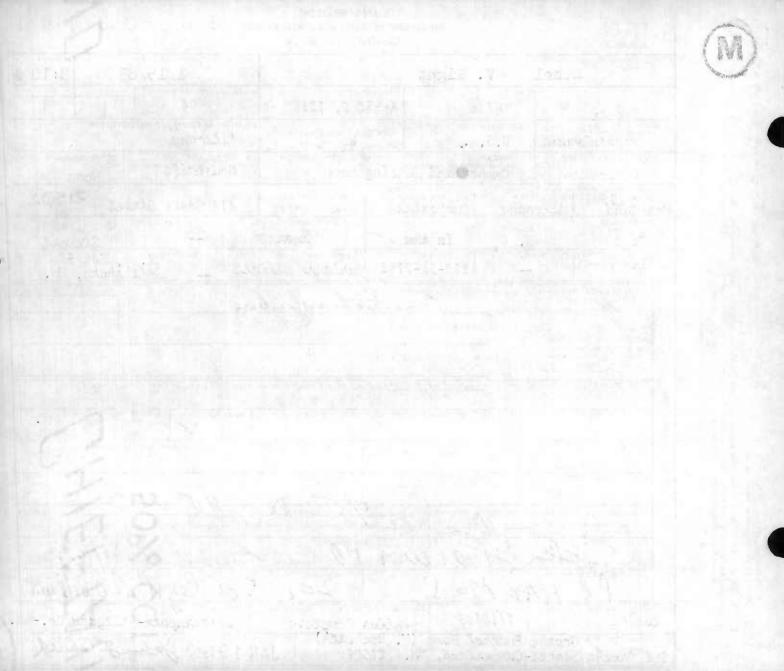
24 FUNERAL DIRECTOR George Funeral Home (W 202 Greene Street-Cumberland, Md.

1/18/83

Philos Cemetery Upchurch) 21502

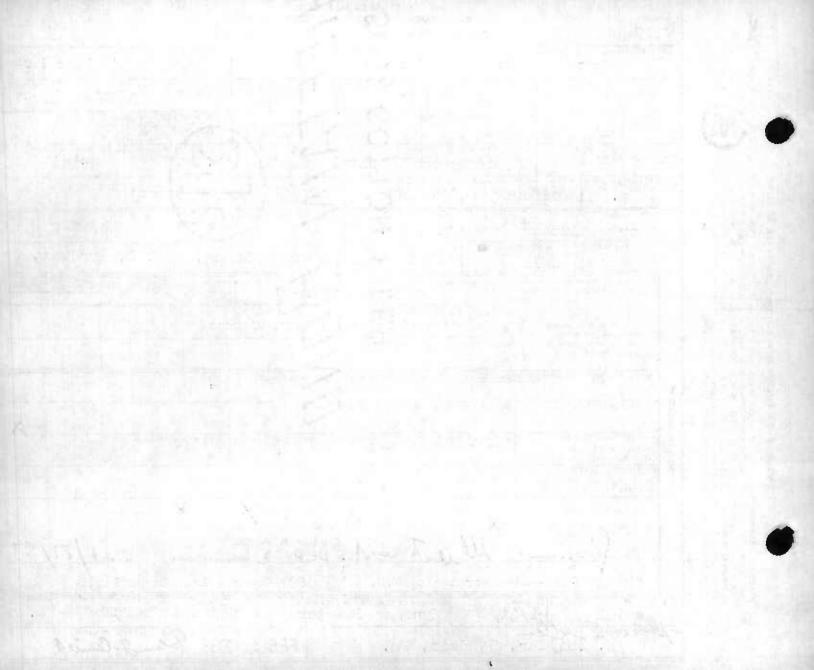
Westernport-Allegany Costate Md.

JAN 1 9 1983



DEPARTMENT OF HEALTH AND MENTAL HYGIENER FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE KNOWN X 2b HOUR (TYPE OR PRINT Robert :04 Luther Kinton 1/29/83 DEATH MATED a 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR M Cau 19 PRONOUNCED :04 1/29/83 DEAD ā 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Allegany USA DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS MACH OF WORKING LIFE) Cumberland RE TELLIT 'Hear't Mospital Sacred USUAL RESIDENCE (IF IN NURSING HOM 30. STATE Bedford 13d INSIDE CITY LIMITS? YES X NO [LL FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Shaffer Ada Kinton, Sr. Robert Luther Dorothy Kinton, Bx 102, Hyndman, Pa 16e. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 10 4502 ves 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY: Myocardial Infarction IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic Heart Disease Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION ARDED TO THE CHIEF MAGE 3 SHOULD BE USED A ATE DEPARTMENT OF HEA 1201 PRIOR TO BURIAL, C 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [] 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 71e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PV AFTER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held an death resulted from: Natural causes EXAMINER'S NAME Giovanni Mastrangelo, M.D. 900 Seton Drive, Cumberland, Md. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d, LÖCATION Hyndman Bedford Pä. Hyndman Cemetery DHMH - 17 Dler, Hyndman, Pa. (VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND



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TTENDIN prtol or TTOR: Af for use of Health		220.1 certify that (I) (this saw the deceased all above, (I) (we) (did le	ive on	the deceased from	13_,0	d that in (my) (our)	opinion deo	th occurred on the do	, 19 ste and hour o		that (1) (we) last couses stated
At OR A the hos all DIRECTED of Dept.	0	226. SIGNATURE	aluv	/	1	ATTENI PHYSI	IDING CO	MEDICAL STAP	F IAN []	22c. DATE	SIGNED
TO HOSPITAL retained by the TO FUNERAL should be det with the Store IMPORTANT:		22d. PHYSICIAN'S IMAM	HAZI	105		220 ADDRESS	2	Selley	st. C	und	Feeland
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DHMH - 16 50M 4/82 (VRA 15, 4)	24. FL	DURST FUNER	AL HOME,	FROSTBURG	, MD.		JAN 2	2 4 1983	Mb. REGISTRA	2 Com	URE

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CUMBERLAND, MD, 21502

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15. 4)

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FROSTBURG

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH - 16 50M 4/82

(VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

and completely filled in by the funeral director. I ages I and 2 shauld be filed within 72 hours after

1-	FOR STATE REGISTRAR
	EASED NAME
	EASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	O	
	CEASED NAME CORPRINT)	ROY		NUEL	LO	OHR	JANUARY 7,		10:00 A.
3. SE	X		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		
	male		whit	е	May	23 1909	73	YRS.	AYS HOURS MIN.
	RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY O		н
(PA		USA		WIDOWE	DIX NEVER MARRIED	Alleghe	eny County	
	ITY OR TOWN OF D	DEATH	11. NAME OF	HOSPITAL, NURSIN H FACHITY, GIVE STREET AL HOSPIT	G HOME C	R OTHER INSTITUTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Farmer	ON 12b. KIN F WORKING LIFE) INDUST	ID OF BUSINESS OF RY
13a. S	PA	Bed f	VTY	GIVE RESIDENCE BEFORE 131. CITY OR TOW Schells	N	YES 🗌 NO 🔀	13e STREET ADDRESS R. D. 1,	15559 g	9999
.≱4. F.A	ATHER'S NAME Ezekie		G.	Lohr		15. MOTHER'S MAIDEN NAME Effic	ME MIDDLE S.	(0	tto)
	WAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS	15559
	no	(18 123, 014	E WAR OR DATES	202-30-2	2367	Mrs. Katheri	ine D. Lohr	RD 1, Sche	llsburg :
	couse (o), sto		DUE TO, OI	R AS A CONSEQUE	NCE OF	V			
ICATION	underlying co	oting the use lost.	(c)	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	IN AUTOPSY?	DITION GIVEN IN PAR	NDINGS USED
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BP. DHMH - 16 50M 4/82

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Jack H. Geisel, Jr. (VRA 15, 4)

Schellsburg, PA 15559

JAN 191983 John & Cohice

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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do do	3. SEX		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 ector rs off		Female	White	April 27, 1932	50 YRS.	MONTHS DAYS HOURS MIN.
Pour Place.		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? B. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	Y OF DEATH
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The law requires ricion. te has been signe sit permit. Then p rignene prior to bur shows any injury,	CERTIFICATION	19a. DATE OF OPERATION		ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
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uG PHYSIC offending ter this cer is the burio h and Meni	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	ICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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TO HOSPITAL OR ATT retained by the hosp. TO FUNERAL DIRECT should be detached for with the State Dept. or		27h SIGNATURE	Mehavy	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED
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DHMH - 16 50M 4/82 (VRA 15, 4)		INERAL DIRECTOR CARPELLI FUNE		/IRGINIA AVE 250.D ERLAND, MD. 21502 J	ATE REC'D. BY REGISTRAIN REGIST	I Comment

STATE OF MARYLAND

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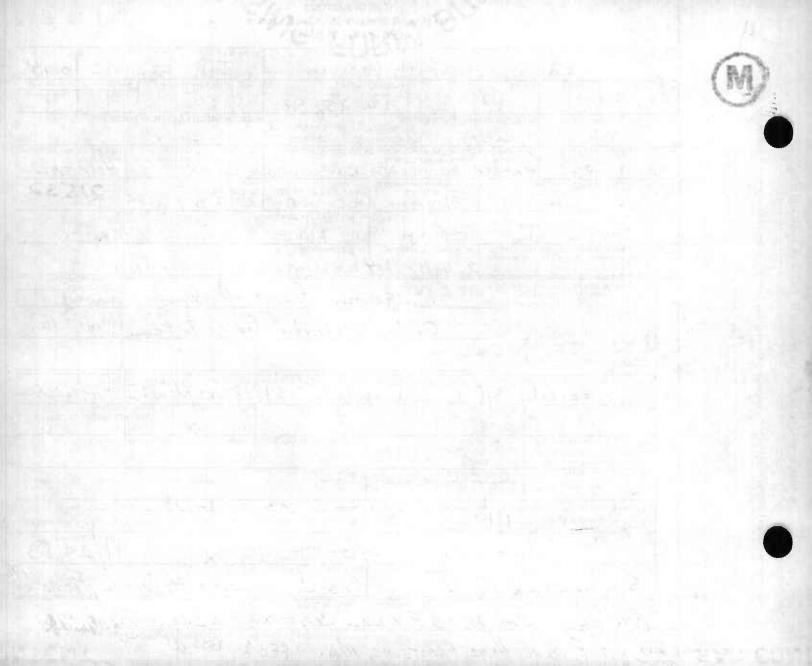
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ì		18 CAUSE OF DI PART I DEATH	EATH (Enter anl	y ane cause per line to BY:	(a), (b), and (c).)	1	Ta . Ou al	,			BETWEEN	IMATE INTERVAL ONSET AND DEATH			
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND: AFTER DEATH, WITH THE STATE DEPARTMENT OF HALTH AND MENTAL HYGIENE, DIVISION OF VIT BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		1100		E CAUSE (a)	year	U :	racense			****			-		
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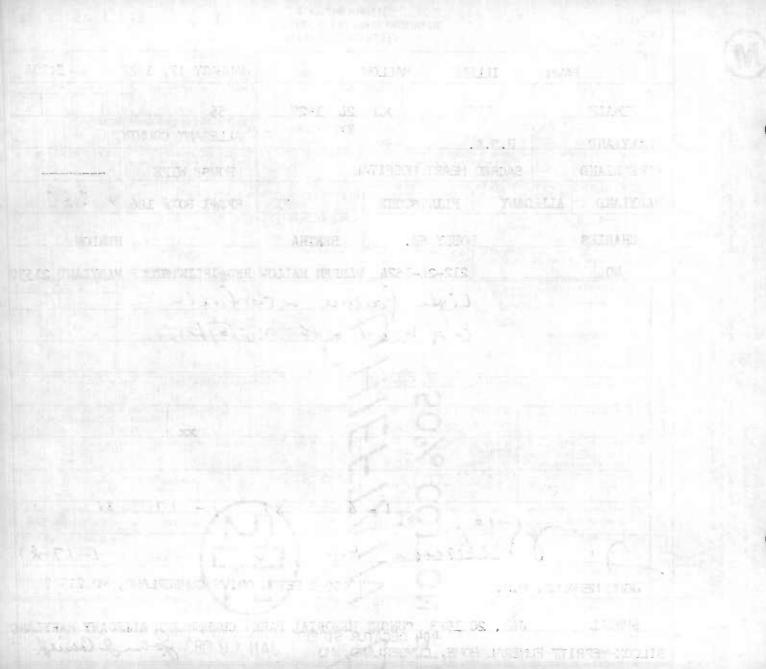
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hat the death ce by the attending ase remove carb I, cremotion, or r other traumatic		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.		es								
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e be exected an and control Pages 1 a	16a \	WAS DECEASED EVER IN U.S. AF YES, NO DRUNKNOWN) (IF YES, GN	RMED FORCES? 160 SOCIAL SECTOR WAR OR DATES) 220-14		ADDRESS RN COF					
equires that the death signed by the attendin m please remove carbo o burial, cremation, or injury, or other traum	7	Canditions, if any, which gave rise to immediate cause ioi, stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	Minoscherobe	heart Di So	ON GIVEN IN PART 110	lti,			
CIAN: The law rictan. ificate has been rist permit. The Hygiene prior to m 18 shows any	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO NO					
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TO HOSPITAL OR retained by the hosp TO FUNERAL DIR Should be detached with the State Dept.		224 PHYSICIAN'S NAME (TYPE OF	MI	ATTENDING PHYSICIAN 220 ADDRESS FBG COM	MUNITY HO.	11/24/	8			
Bb Tesa Or with with Market	23e.	BURIAL CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	KY FINZEL, C	GARKETT, M	STATE			
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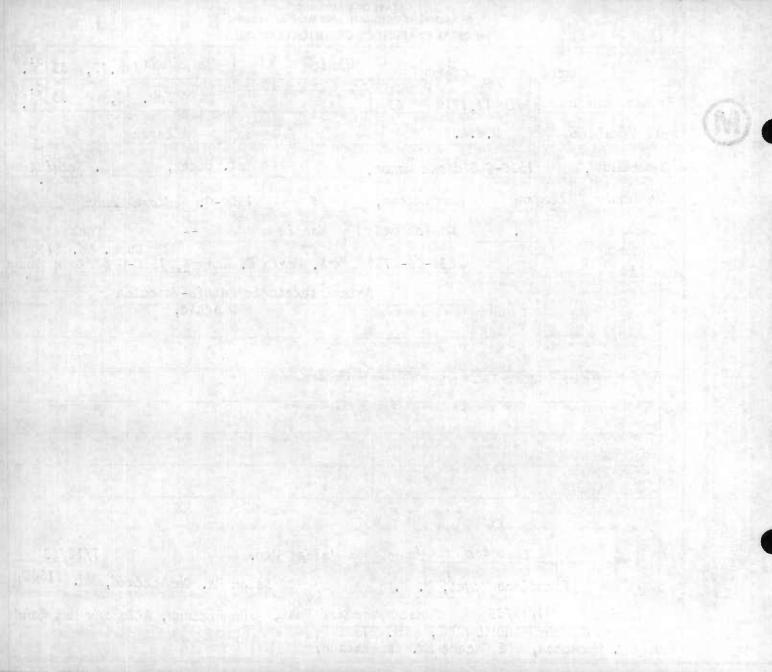
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Table 199		RTHPLACE (STATE OR F COUNTRY)	OREIGN		WHAT COUNTRY?	8	XXVEVER MAR	9	ALLEGANY		^		
political de la	10. CITY OR TOWN OF DEATH CUMBERLAND			11. NAME OF	HOSPITAL, NURSIN CHPACILITY, GIVE STREET HEART HO			120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS INDUSTRY HOUSE WIFE					
adult be a series of the serie	13a.	AL RESIDENCE (IF NURS STATE ARYLAND	NG HOME OR 136 COUN ALLE	OTHER INSTITUTION UTY GANY	GIVE RESIDENCE BEFORE 13c. CITY OR TOW FLINTS	N	13d. INSIDE CITY	LIMITS?	3. STREET ADDRESS RFD#1 POX	# 186	21	530	
ond 2 s	14. F	CHARLES		WIDDLE	ROBEY SR.		15. MOTHER'S M FIRS BERTH	Ţ	MIDDLE	38.	HENDON		
Pages 1		VAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	212-24-1		17. INFORMANT		ADDRI RFD#1F1.TNT		MARYT.	ND 215	
been signed by 11 mit. Then please in prior to buriel, cre ony injury, or othe	ATION	couse (a), stating underlying cause PART 2. OTHER SIGN 19a DATE OF OPERAT	last.	(c) CONDITIONS C	ONTRIBUTING TO	DEATH BUT			I AL DISEASE OR CON	20b. IF YES,	WERE FINDI	NGS USED	
is certificate has burial-transit per Mental Hygiene or Item 18 shaws.	AL CERTIFICATION	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	HOUR A		AY YEAR	21c. HOW INJUR	RY OCCURRE	YES NOW YES NO NO NO NOTICE OF INJURY IN TIEM IS PART 1 OR PART 2)				
or attending After this ce e as the buri alth and Me morked ar It	MEDICAL	21d INJURY OCCURE	RED	21e. PLACE	OF INJURY TREET, FACTORY, OFFICE, F		211 LOCATION STREET		CITY OR TO)WN	COUNTY	STATE	
or us of He		22a. certify that (1) saw the decease abave, (1) (we) (c			-	3, or	d that in (my) (ou	r) opinion de	ath accurred on the d	ote and havr		that (I) (we) la couses stated	
AL OR AT y the hosp (AL DIREC) detoched f ote Dept. c		27% SIGNATURE	0	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								17-83	
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State I IMPORTANT: If	<	JOHN MEHA					220 ADDRESS 909-B	SETON I	DRIVE CUMB	ERLAND	, MD 2	1502	
BP		BURIAL, CREMATION,	REMOVAL	400	0 1983	UNSET	MEMORITA	I. PARK			COUNTY	STATE MARYLAN	
DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR LCOX-MERR	TT F	UNERAL		DECAT BERLA		JAN	N 1 9 1983	Jo am	A SIGNA	week	



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IX			FOR STATE				MENT OF					~ ~	5	0	0		44		
1			REGISTRAR	FIRST	WEI	MIDDLE	EXAMIN	IEK.2 (LAST	LAIEO		100	REG. N		2011	YEAR	In HOUSE		
	_		E OR PRINT)		TOGET		D.IIII O.Y				20	OF DEATH	ESTI-	MONTH	7	83	2b. HOUR		
	(mail	3. SEX	, ,	GEORGE 4 RACE	JOSEP 5. DATE OF BIRTH	н-сы	I AGE (IN Y		LLER IDER 1 YR.	IF UNDER 2	24 HRS. 20		MAIED [MONTH	DAY	19 YEAR	6:30 M		
	W		MALE	WHITE	MAY 26	1900	82 Y			HOURS	MIN. PI	RONOUN		1	7	1983	6:30		
•	MATHER STATES	7a. BI	RTHPLACE (ST REIGN COUNTRY)	ATE OR	76. CITIZEN OF WE	HAT COUN	NTRY?	MARR		VER MARRIE DIVORCE		BALLEG		OR COU	COUNTY OF DEATH				
	AY IS AGE FILE FILE		TY OR TOWN O		(IF NOT IN SUCH FA	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 170. USUAL OCCUPATION (TYPI							PE OF WORK	PAPER MILL					
21201	ANY DEL	0SUA 130. S	TATE MD.	IF IN NURSING HOME O	G HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE (ITY LIMITS? 136. STREET ADDRESS YES NO 70 DOUGLAS AVE.								7	21539					
	H. IF 3. AL R	14. FA	ATHER'S NAME		MIDDLE		LAST		15. MOTHE	ER'S MAIDEN						1107			
E, MI	PAGES 1, PAGES 1, FORM PM S 1 AND 2 ON OPTION		LEWIS		JACOB MILLER MARGARET							MII	DOLE	T.O	CKNE	R.			
AOR	PAG ORA		VAS DECEASEI		S. ARMED FORCES? S. GIVE WAR OR DATES) 16b. SOCIAL SECURITY NO. 17. INFORMANT								ADDRES		41111				
) I	Ē ⋖≅ェਲ਼ਫ਼ / no 216 09 851L LOUIS MILLER TIMONIUM										TIM, N	m.							
W. PRESTON ST., B	VITHIN 24 HC CIL IN ITEM I INER ALONG ANSIT PERMI 'AL HYGIENE' MOVAL.		PARTIDE 4 2 Canditian gave ris cause (a)	ATH WAS CAUSED 12 IMMEDIAT 13, if any, which 14 immediate 15 stating the under-	DUE TO, OR	as a con	NSEQUENCE		otic.	Cas	rdion	rasc	ulas	۷	BETY	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH		
301	HOULD BE EXECUTED V RD "PENDING" IN PEN FUHE MEDICAL EXAM USED AS A BURIAL-TR OF HEAITH AND MENI AL, CREMATION, OR REI	z	PART 2 OTHER SI		(c)CONTRIBUTING TO DEATH	BUT NOT REL	ATED TO THE TER	AINAL OISEAS	E OR CONDITION	N GIVEN IN PARI	T 1 (o).	20.00							
REC	PEN MEN MEN MEN MEN MEN MEN MEN MEN MEN M	CERTIFICATION	190. DATE OF	OPERATION	19b. CONDIT	IONFOR	WHICH OPE	RATION W	AS PERFOR	MED?				20. AUTOPSY?					
ITAL	MORD "PI WORD "PI HE CHIEF O BE USED NT OF HE URIAL, CR	TIFIC			00 000											YES 🗆	NO 🗆		
DIVISION OF VITAL RECORDS,	FICA THE OUTP		UNDERLYING	CAUSE WAS OR OR OG CAUSE OF I		. MONTH	DAY YEA	21c. H	OW INJURY	OCCURRED) (ENTER NA	ATURE OF INJU	JRY IN ITEM 1	8 PART I OR	PART 2}				
DIVISE		MEDICAL	WHILE AT WORK	NOT WHILE C	21e. PLACE (STREET, FACT	OF INJURY			CATION			CITY OR TOW	M	C	OUNTY		STATE		
•	DICAL EXAMINER: T E THE CERTIFICATE, I SHOULD BE FORW TERAL DIRECTOR: P SEATH, WITH THE ST ORE, MARYLAND, 212			fy that I taak charged fram: Natur	e of the remains des al causes (2).	Accident		Autap Vicide	Hamic TITLE (S			Inquiry mined ma		DATI	1-	-8- aud	83 21502 Md.		
	TO MEI EXECUT PAGE 4 TO FUN AFTER BALTIM	23a.B		TION, REMOVAL 2	3b. DATE	23с.	NAME OF CE	METERY C		ORY	23d. LOC	CATION		CC	UNTY	SI	ATE		
	BP		BURIAL UNERAL DIREC	TOR :	1/11/83	OA	K HILI	CEM	THRY	25a. DATE R	LOMA	CONT	NG RES		EGAI		D		
	DHMH - 17 (VR A15 ME (5)) 15M 7/76		NAME	a com	VICE, PA.	WEST	ERNPOR	r,MD.		IAN		1983	Joan	md	, we	wy	r		

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FOR STATE REGISTRAI 1. DECEASED N. (TYPE OR PRINT)				F MARYLAND		
1. DECEASED N. (TYPE OR PRINT)				LTH AND MENTAL F	0 0	0005
(TYPE OR PRINT)			L EXAMINER'	S CERTIFICATE C	REG. N	
2 554	AME FIRST	WIDDLE		Minnick	20. DATE KNOWN [OF ESTI- DEATH MATED	MONTH DAY YEAR 2
CEY	Hazel					
	4 RACE	5 DATE OF BIRTH	THOU DIN HIDRITY A	F UNDER 1 YR. IF UNDER	MIN. PRONOUNCED JAI	n. 12. 83
Female	White	July 19, 191	9 63YRS.			17
West Vi	(STATE OR	76. CITIZEN OF WHAT CO	W	ARRIED NEVER MARR	IED L	OR COUNTY OF DEATH
CITY OR TOV		11. NAME OF HOSPITAL			TED XX ALLEG	
Cumber		1530-G Oldte	E STREET ADDRESS!	OTTER INSTITUTION	Ret. Clerk.	S. Secui
	CF (IF IN NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDER				Admin
Maryla	nd Alle	OANU CUN	berland.	13d. INSIDE CITY LIMITS? YESXX NO	130 STREET ADDRESS	own Manor 2150
4. FATHER'S NA		garg car	io e carra,	15 MOTHER'S MAID	EN NAME	
Geor		wipole Wr	etchford	Maggie	WIDDLE	Cook
160. WAS DECE	SED EVER IN U.S. ARA	MED FORCES? 16b. S	OCIAL SECURITY NO		ADDRES	
YES, NO. OR UN	INOWN) (IF YES, GIVE	WAR OR DATES) 23	2-26-3759	Mrs. Marle	a K. Krampf, 13	
18 CAUS	OF DEATH (Enter on	ily one cause per line for (a),	(b), and (c).)			APPROXIMATE IN
PART	DEATH WAS CAUSED	D BY: TE CAUSE (a)	A	rteriosclero	tic Cardio-Vasi	cular
7	A. J. from	DUE TO, OR AS A C	ONSEQUENCE OF		Disease,	
gave	rise to immediate	(b)				Contained the
	(a) stating the <u>under</u> - cause last.	DUE TO, OR AS A C	ONSEQUENCE OF			
		(c)				
	K SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT I	ELATED TO THE TERMINAL D	ISEASE OR CONDITION GIVEN IN PA	IRT 1 (a):	
210 EXTE	OF OPERATION	19b. CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED?		20. AUTOPSY?
FIC						YES 🗆
210 EXTE	RNAL CAUSE WAS	216. TIME OF INJUR		L HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITEM I	
	ING OR UTING CAUSE OF I	DEATH P.M.	TH DAY YEAR			
	Y OCCURRED	21e. PLACE OF INJU		LOCATION STREET	CITY OR TOWN	COUNTY
- A	NOT WHILE	J. STREET, FACTORY, FAR		of 115 fefts 7	CHI ON IOWN	Coonii
WHILE AT WOR	- 1. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ge of the remains described o	bove, held on A	utapsy , Inspectio	Inquiry XX.	and in my opinion
AT WOR	errity that I taak charg				Undetermined manner	
220.10		rol couses W, Accide	ny L, Suicide			
22a. 1 death re		rol causes XX, Accide	O 1 10	TITLE (SPECIFY)		2.77
220.10	sulted fram: Natur	ral causes XX, Accide	eyez		2p • MEDICAL EXAMINER	DATE 1/12/83
22a. 1 death re	RE	vaucisco (leyez	M.D. Assist D		
ACTUAL SIGNATU	RE R'S NAME FLAU	raucisco Reyes,	M. D.	M.D. Assist Do	Seton Dr. Cumbe	erland, Md. 21!
AT WOR 220. 1 death re ACTUAL SIGNATU EXAMINE (TYPE OR 230, BURIAL, CRE	RE R'S NAME FLAU	raucisco Reyes,	M. D.	M.D. Assist Do	Seton Dr. Cumbe	erland, Md. 21! Allegany Mary
AT WOR 270. 1 deoth re ACTUAL SIGNATU EXAMINE (TYPE OR 230. BURIAL, CRE (STECIFY BU 24. FUNERAL D	RE FLOW MATION, REMOVAL 2 MATION, REMOVAL 2	raucisco Reyes,	M. D. A NAME OF CEMETE Suns et Mer Md. 21	ADDRESS 900 S ADDRESS 900 S RY OR CREMATORY MORIAL Park,	Seton Dr. Cumbe	



BP_____ DHMH - 16 50M 4/B2 (VRA 15, 4)

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	1-	FOR STATE REGISTRAR			DEPARTA		EALTH AND N		IENE C	REG. N	0.	, 0	U	400	,
		CEASED NAME E OR PRINT)	Pearl		V.		nnicks		2a. DATE	OF DEATH	MONTH O1	26	VEAR 82	7:00	A
	3. SE	x Female		1. RACE Cacau	sian	S. DATE C		YEAR 98	6. AGE {	IN YEARS LAST BIR	THDAY)	MONTHS	DAYS	IF UNDER 24 H	IRS
25		IRTHPLACE (STATE O COUNTRY) Maryland	R FOREIGN		WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER M	ARRIED	9. BALTIA	Alle	RCOUN		ATH		MD.
70		Cumberlan	d	Lions	HOSPITAL, NURSING HEACILITY, GIVE STREET Manor N.H.	L., Cu		NOITUTI	(TYPE OF W	AL OCCUPATION FOR FOR MOST CONTROL PROPERTY OF THE PROPERTY OF	FWORKING	LIFE) IND	DUSTRY	phone	
35	130. 5	al residence de Nu STATE Maryland	13b. A94	other institution	134 CITY OR TOW Lavale	ADMISSION)	138. INSIDE CI YES 🌊	NO 🗌	3 0	I ADDRESS	w Dr	ive	2	1502	-
0	Ow	ren first Herst		MIDDLE	Wade		Do	ra ra	ME	MIDDLE			Rice		
1		VAS DECEASED EVE YES, NO OR UNKNOWN) NO		MED FORCES?	214-12		Lions		N.H.,	Seton			mb.,	MD215	502
	ATION	Conditions, if on gove rise to in couse (o), stot underlying coust PART 2. OTHER SIGNATURE OF OPER.	nmediate ing the se lost.	DUE TO, O (c) CONDITIONS CO	R AS A CONSEQUE R AS A CONSEQUE DINTRIBUTING TO E FAULULE INFOR FOR WHICH	CO PE		TO THE TERM	NINAL DISE	ASE OR CON	DITION G	SIVEN IN		GS USED	=
9	CERTIFICATION	21g, ACCIDENT WAS U	Photo:						YES [NO [IN CER	TIFYING (CAUSES	OF DEATH?	
7	MEDICAL CI	OR CONTRIBUTING [CAUSE OF DEA	HOUR A.	M. MONTH DA	AY YEAR	21c HOW IN.		KED (ENTER						
	ME	WHILE NOT WAT W AT W 22a. I certify that (sow the decea	I) (this hospi	tol) attended th	24 26 108	July		OUT) OPINION	MEDICA		ny Zb	, 19 & -	rom the c		last
1		224 PHYSICIAN'S N		ly, M.D			22e. ADDRESS					d, M			
		BURIAL, CREMATION SPECIFY) Burial	, REMOVAL	236. DATE 1-29-1			est Bur	REMATORY	23d LO	CATION	land.	COUN	ny egan	STATE NM VZ	
	24. FI	UNERAL DIRECTOR	s F. S	carpell	Li, Cumbër	land,	Md.		N 3	registrar 1983	Joe			me	

STATE OF MARYLAND

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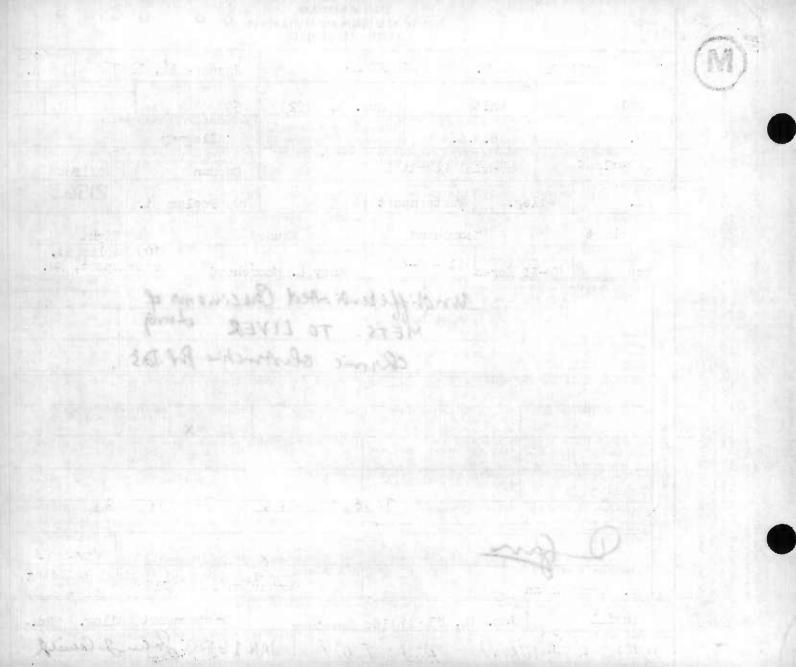
FOR

1 - STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



1	1-	FOR STATE REGISTRAR		DEPARTA	MENT OF I	E OF MARYLAND BEALTH AND MENTAL HYO TICATE OF DEATH	GIENE 8 3	0	0 0	5 8
		CEASED NAME . FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	21 HOUR 2:35
page 3		BERTHA	C	NEWM			JANUARY 19			p M
ge 4 mo	3. SE	Female	White	е	A pri	DE BIRTH 1896	6. AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	HOURS MIN.
ed (M)	1	RTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	9. BALTIMORE CITY O		FDEATH	MD
offer d		TY OR TOWN OF DEATH	(IF NOT IN SUC	CH FACILITY, GIVE STREET	IG HOME (OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON OF WORKING LIFE)	INDUSTRY	F BUSINESS OR
Durs Ell		ABERLAND ALRESIDENCE (IF NURSING HOMEOF	OTHER INICATION	AL HOSPIT			Housewi	ie	in U	wn Home
n 24 ho Hilled hould b	13a. S Ma	aryland All	egany	Cumberl	N	13d. INSIDE CITY LIMITS? YES KOK NO	13e STREET ADDRESS 129 West	Second	Stree	21502
mpletely ond 2 sh	14. FA	THER'S NAME FIRST Harry William	MIDDLE Cam	pbell		15. MOTHER'S MAIDEN NA FIRST Isabel	lle Johnson		ŁAST	
ond co		VAS DECEASED EVER IN U.S. AR res. no or unknown) (IF yes, giv	MED FORCES? (E WAR OR DATES)	166 SOCIAL SECU 212-74-7		Mrs. Gladys	M. Kilmer.		or.	
cote be hysicion popers. I nt, the r		18 CAUSE OF DEATH Enter or PART I. DEATH WAS CAUSE	ily one couse per			ins diadys	II. KIIMCI,	Daugiro		MATE INTERVAL DISET AND DEATH
certifi Ing pl		471-0 IMMEDIA	TE CAUSE (o)		0 /-				41	~
deoth offenc offen, c		Conditions, if ony, which gove rise to immediate	(b)_	R AS A CONSEQUE	-	clups				
by the		couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUE	NCE OF					
signed hen ple o burio	N.	PART 2. OTHER SIGNIFICANT		ONTRIBUTING TO D		NOT RELATED TO THE TERM	etastate Cu	= 0-		L Crea
he low reconnictions been to be been to be been prior to be been prior to be been be been been been been been be	TIFICATION	198. DATE OF OPERATION				N WAS PERFORMED	200 AUTOPSY? YES NO	20b. OF YES, V	VERE FINDIN NG CAUSES	
CIAN: TI physici rrificote ol-tronsi nol Hygi	AL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	OF INJURY .M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
PHYSI ittending or this ce the buri ond Mer	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
TENDING to or or or or use os if Health		220.1 certify that (1) this haspi sow the deceased alice on above, (1) (vie) (did) (did no			83/0	nd that in (my) bur) opinion	death occurred on the de			that (I) (we) lost
the hosp the hosp IL DIRECT stoched for e Dept. o		obove, (1) (ye) (did) (did no	Toll	ofter deoth.		DEGREE ATTENDING	MEDICAL STA	FF	226 DATE !	
HOSPITAL ined by il FUNERAL wid be det b the Stote		226 PHYSICIAN'S NAME (TYPE C	OR PRINT)			22e. ADDRESS 955	Frederick S	t.		
TO HOSPITAL (retoined by the TO FUNERAL Is should be detoined with the Store IMPORTANT: #		DR. ANTHONY J				CUMBER	LAND, MARYL		1502	
BP	23a E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE	27.0		est Burial Pa	23d. LOCATION CITY OR TOWN Cumber	COLUMN TO SERVICE	county llegan	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FU	UNERAL DIRECTOR James F.			10 1/4	25a. DA	TE REC'D. BY REGISTRAN		RESIDEN	this

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KIGHT FUNERAL HOME 309 DECATUR ST.,

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

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n	1,	FOR		D	STATEPARTMENT OF F	TE OF MARYLAN		NES 3	0 0	0 6 0
0		STATE REGISTRAR		MED	ICAL EXAMIN	ER'S CERTIFIC	CATE OF DE	KEG. N	_	
ASE OR.		CEASED NAME R	OSET	TTA V	IRGINI.	A PEN	DERGA	20. DATE KNOWN DO STI-	MONTH D	- 1983 12 M
	3. SE	F	W 6	DATE OF BIRTH	YEAR 6. AGE (IN YEAR LAST BIRTHDA	MONTHS DAYS	HOURS MIN.	PRONOUNCED DEAD	монтн в	- 19 83 120 HOUR
35	FC	RTHPLACE (STATE OR REIGN COUNTRY) ryland	7b.	CITIZEN OF WHA		8. MARRIED X NE WIDOWED	VER MARRIED DIVORCED	9. BALTIMORE CITY Allega		OF DEATH MD.
DELAY IS I		Cumb.		Sacred	ITAL, NURSING HOME LITY, GIVE STREET ADDRESS) Heart Hosp			SUAL OCCUPATION (TY- PR MOST OF WORKING LIFE) housewife		OR INDUSTRY
TROPER, MD. 21201 TER DEATH, IF ANY DELAY IS N PAGES 1, 2, AND 3 TO THE FU ORM PM. 3, RETAIN PAGE 5 SI 1 AND 2 SHOULD BE FILED, SIN OF VITAL RECORDS, 201 W	130. S	AL RESIDENCE (IF IN NO TATE Md .	13b. COUNTY Alleg		RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN LaVale	13d. INSIDE (YES	ITY LIMITS? 13e S	reet address 435 Braddoc	k St.	21502
DRE, MD. DEATH. IF GES 1, 2, AN PM 3. AND 2 SI OF VITAL	1	Joseph	м	IDDLE	Metzner		ER'S MAIDEN NAM	MIDDLE MIDDLE		ickens
I., BALTIMORE, M. URS AFTER DEATH. B. GIVE PAGES 1, WITH FORM PM. II. PAGES 1 AND 2. C. DIVISION OF VIT.	16a. \	VAS DECEASED EVER ES, NO, OR UNKNOWN) NO	IN U.S. ARMED		166. SOCIAL SECURITY 217-80-4	NO. 17. INFOR	MANT	ADDRES	S	
BOUSION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" (IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND ROED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETA ARE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD EDEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECO OF PRIOR TO BURIAL, CREMATION, OR REMOVAL.		PARTIDEATH V	VAS CAUSED BY IMMEDIATE C ony, which		eptured +	Pulmona) Pru Fa	ry Bleb	with Ac	ute	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
EXECUTED WITHING TIN PENCY IN	7	gave rise to couse (a) statinglying cause last	g the <u>under</u> -	(c)	IS A CONSEQUENCE O	OF .	N GIVEN IN PART 1 (a).			
WITAL RECORDS SHOULD BE EXE ORD "FENDING CHIEF MEDICA E USED AS A BI TOF HEATTH AI UNRIAL, CREMAT	CERTIFICATION	19a. DATE OF OPER	ATION	19b. CONDITI	ON FOR WHICH OPER	ATION WAS PERFOR	MED?		2	PE AUTOPSY?
DIVISION OF VITAL R CATE, WAITING THE WORD "P CATE, WAITING THE WORD "P CARE, PAGE 3 SHOULD BE USED THE STATE DEPARTMENT OF HE NND, 21201 PRIOR TO BURIAL,		210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR		NJURY MONTH DAY YEAR	21c. HOW INJURY	OCCURRED (ENTI	R NATURE OF INJURY IN ITEM 18	I PART 1 OR PART 2)	
DIVISION HIS CERTIFICAMENTING WRITING ARDED TAGE 3 SHORT TO TO THE TOTAL TO THE TOTAL TO	MEDICAL	21d INJURY OCCUR WHILE NOT AT WORK AT V	RED	21e PLACE O		211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SIT, BALTIMORE, MARYLAND, 2			I took charge of	I'VI	ribed above, held on Accident , Sui	Autopsy	PECIFX)	Inquiry	DATE	1-9-83
TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE	220 0	EXAMINER'S NAM (TYPE OR PRINT) URIAL, CREMATION,		ncisco	Reyes	ADDRESS_	900	Seton :	Dr. Cu	umberland
BP.	(Burial		I-12-83		em. Garde	ens	LOCATION TY OR TOWN Cumberland.	Allega	eny MD
DHMH - 17 (VR A15 ME (5))	24 F	John J.	Hafer	Jr. Le	aVale, Mary				ISTRAP'S SIC	

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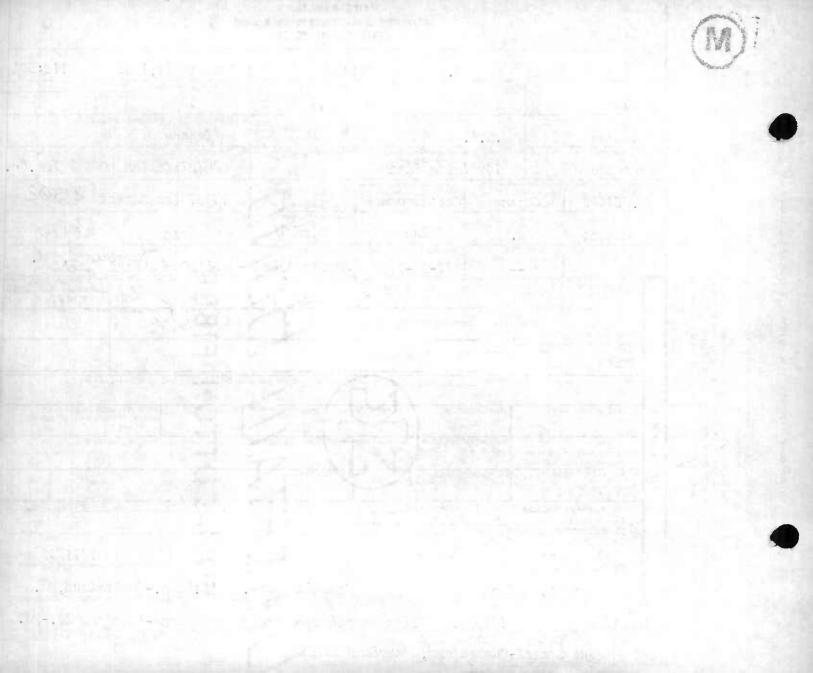
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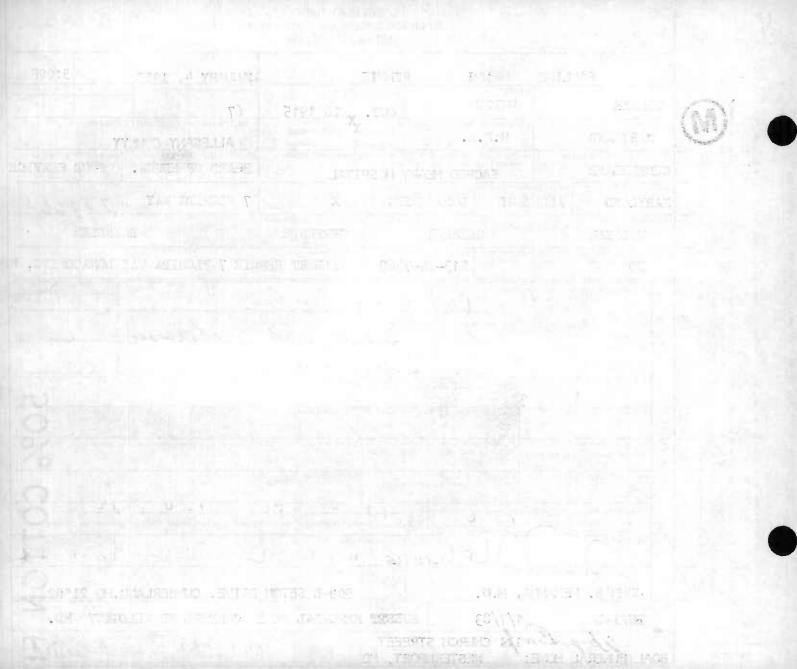
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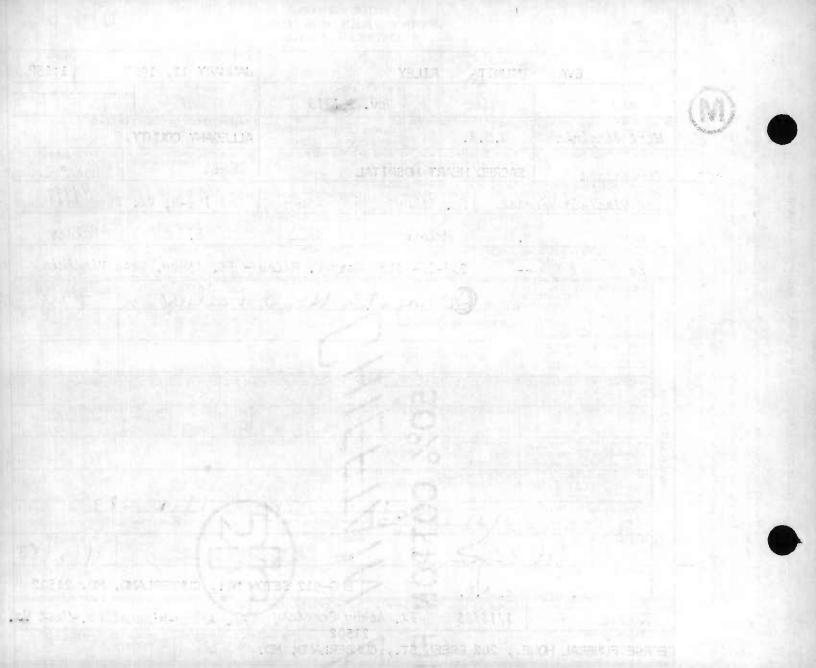
(VR A 15 (4))

24 FUNERAL DIRECTOR George Funeral Home Greene Street-Cumberland, Maryland 21502



Y	1.	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 3	0	0 0	6 2	
may be page 3 er death	TYPE	CEASED NAME FIRST OR PRINT) PAULINE	E NN	VI F	RENNIE		JANUARY 4,	1983		26. HOUR 5:00P M	
oge 4 mc		EMALE	4. RACE WHITE		S. DATE C		6. AGE (IN YEARS LAST BIR	YRS.	INTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	
death. P	5	RTHPLACE (STATE OR FOREIGN MARYLAND	U.S.	7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED		D DIVORCED	ALLEGANY COUNTY			MD.	
rs after d by the fur filed within	CU	MBERLAND	(IF NOT IN SUC	11. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL HO			BOARD FOR ST		12b. KIND OF	SERVICE	
filled in nauld be		AL RESIDENCE (IF NURSING HOME STATE RYLAND 13 COL	OR OTHER INSTITUTION UNITY LEGANY	LONACONT	ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	137 STAFE LORIDA	WAY	2.17	166	
ond 2 sh	14. F/	WILLIAM	MIDDLE	HEARER		GERTRUDE	WE	BR	ENDLEN		
te be execution and colors. Pages 1		VAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	213-24-7		17. INFORMANT WILBERT REI	NIE 7 FLOR		LONAC	ONING, M	
iquires that the death certificate be signed by the attending physiciar fren please remave carban papers. to burial, cremation, ar remaval. njury, ar other traumatic event, the significant presents the significant presents.	NO	Conditions, if ony, which gove rise to immediate couse (or stating the underlying couse last. PART 2 OTHER SIGNIFICANT	(b)	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO D	hoce of	ban workelated to the term	MILL (4.5		IN PART Ito		
n. nas been permit. ne priar ws any ii	CERTIFICATION	9 SETIFICATION	19a DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	206 AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDING NG CAUSES (GS USED OF DEATH?
SICIAN: ng phys certifica prial-trar lemal Hy	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF O (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	DEATH HOUR A.		Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	T 1 OR PART 2)	36	
TTENDING	ME	WHILE NOT WHILE AT WORK 226.1 certify that (1) (this has saw the deceased alive to obove, (1) (we) (did fold)	pital) attended the	reet, factory, office, f	12	d that in (my) (our) opinion	city or to	4	_	hat (I) (we) last ouses stated	
TO HOSPITAL OR A retained by the has TO FUNERAL DIREC should be detached with the State Dept IMPORTANT. If hem		226. SIGNATURE 226. PHYSICIAN'S NAME (17P)	OR PRINT)	e han	ia	22e ADDRESS	MEDICAL STA	CIAN 🗌		83_	
BP To show	23a. E	JOHN B. MEHAN BURIAL, CREMATION, REMOVA SPECIAL		23c. N		909-B SETON EMETERY OF CREMATORY MEMORIAL PARI	23d. LOCATION			MD. STATE	
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FI	UNERAL DIRECTOR NAME TO THE PROPERTY OF THE PR	MIN CH	URCH STRE VESTERNPOR	EET	25a. DA1	e rec'd. by registrar AN 1 1 1983			JRE	





DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR GEORGE F.H; 202 GREENEST., CUMB, MD.21502

2h HOUR

12b. KIND OF BUSINESS OR ConstructionCo.

Cook

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

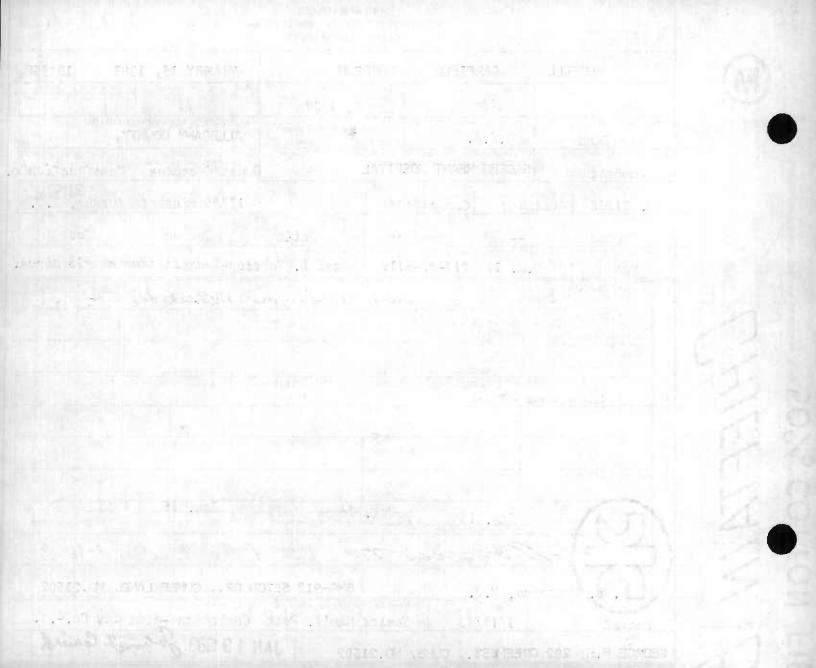
STATE

COUNTY

22c. DATE SIGNED

IF UNDER 24 HRS

IF UNDER 1 YEAR



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 2a. DATE OF DEATH MONTH DECEASED NAME FIRST MIDDLE TYPE OR PRINTI MARY JANE ROY JANUARY 2, 1983 3. SEX 1. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH DAY YEAR White Feh 905 Remale To. BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Allegany West Virginia WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TTYPE OF WORK FOR MOST OF WORKING LIFE **INDUSTRY** CUMBERLAND MEMORIAL HOSPITAL Housekeeper-USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 130. COUNTY 1313(. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 330 Baltimore Avenue 2/502 Allegany Cumberland Maryland YES IX NO T 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Mullenax Benjamin Marv Jane 166 SOCIAL SECURITY NO. 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 324 Baltimore Ave 218-62-5964 Cumberland, Md 21502 Markwood APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line log (a), (b), and join PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE, OR CONDITION/GIVEN IN PART 110 CERTIFICATION 196, CONDITION FOR WHICH OPERATION WAS BERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED 19n DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES NO T 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a. | certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on. ____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 27r. DATE SIGNED 22h SIGNATURE DEGREE

DHMH - 16 50M 4/B2

(VRA 15; 4)

80

MPORTANT

should be

23a. BURIAL, CREMATION, REMOVAL Burial

224 PHYSICIAN'S NAME (THE DEPRINT)

DR. NATHAN

5.1983

23c. NAME OF CEMETERY OR CREMATORY Hillcrest Burial Park

22s ADDRESS

ATTENDING

CUMBERLAND, MARYLAND 23d. LOCATION CITY OR TOWN

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

MEMORIAL HOSPITAL MEDICAL BUILDING

24. FUNERAL DIRECTOR ADDRESS 404 Decatur St

23b. DATE

Cumberland Allegary, Maryland 250 DATE REC'TOBY BESTRAN 20 RECOGNORS SIGNATURE

7b HOUR

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IF UNDER 24 HRS

Van Meter

Silcox-Merritt Funeral Service. Cumberland, Md

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		REGISTRAR			LAST	DEATH	REG. NO.	DAY YEAR	Let Maria	
		CEASED NAME FIRST OR PRINT)		MIDDLE					2b. HOUR	
		RAY	LEE	SHAFF			JANUARY 23, 198	IF UNDER 1 YEAR	9:10A	
70	3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS M	
	2 00	Male	Whi		Sept. 24,	1903	79 YRS.	OFFEATH		
12	-	RTHPLACE (STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	MARRIED X NEVE		9 BALTIMORE CITY OR COUNTY			
10.		st Virginia	US		WIDOWED IG HOME OR OTHER II	DIVORCED	ALLEGANY COUN	100	F BUSINESS	
5			(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	45111011014	(TYPE OF WORK FOR MOST OF WORKING LIF	E) INDUSTRY		
Pok		mberland			HOSPITAL		Coal Miner	Mir	ning	
50	13a. S	L RESIDENCE (IF NURSING HOTTATE 136/C		13c. CITY OR TOW	N 13d. INSID	E CITY LIMITS?	13e. STREET ADDRESS	200 /	1550	
2			iarrett	Oakland		NO X	Route #1, Box	366 (2	21550)	
10	14. F.A	THER'S NAME	MIDDLE	LAST		FIRST	WIDDIE	Selas	1	
10		Marshall		Shaffer		Amanda	ADDRESS	2610	iers	
0 P	16a. V	(AS DECEASED EVER IN U.S ES, NO OR UNKNOWN) (IF YE	5, GIVE WAR OR DATES)	166 SOCIAL SECU				00 #12	about	
~		IVO		213-10-3	3/42 Mrs.	Geraidi	ine R. Shaffer, S			
2.		18. CAUSE OF DEATH (Ent.	er anly ane cause per USED BY:	r line far (a), (b), and	d (c).)	1	. 1		MATE INTERVAL ONSET AND DE	
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ORTANT: If Nem 21 is marked or Nem 18 shows any injury, as a	100	218. ACCIDENT WAS UNDERLYIN. 218. ACCIDENT WAS UNDERLYIN. OR CONTRIBUTING CAUSE C. (IF EITHER, NOTHY MEDICAL EXA. 21d. INJURY OCCURRED NOT WHILE ALL WORK 220. I certify that (I) MAX saw the deceased alive obave, (I) SEX (Idd) (Idd) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (1)	19b. COND 19b. COND 21b. TIME C HOUR A MINER) 21e. PLACE (AT HOME, ST (AT HOME,	OF INJURY REEL FACTORY, OFFICE, F	OPERATION WAS PER LA OZES AY YEAR 19 71f. LOCA ARM. ETC.) 71f. LOCA TO DEGREE 220 ADD	ATION ATTENDING PHYSICIAN CRESS	200. AUTOPSY? 200. IF YES NO IN CERTIFE YES NO IN CERTIFICATION OF THE YES NO IN CERTIFICATION OF TH	COUNTY 19 27c. DATE	NGS USED OF DEATH NO STA	
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(IM)			OR PRINT)							
		3. SE	JAMES	1 ROGER	SHOEM 5 DATE OF		January 21		PM A	
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72 hour		7a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8	□ NEVER MARRIED □		R COUNTY OF DEATH		
0 0	35		laryland	USA	WIDOWED		Allegany			
notified	50		mberland	11. NAME OF HOSPITAL, I FNOT IN SUCH FACILITY, GIT Memorial H	NURSING HOME OR VESTREET ADDRESS) LOSPITAL	OTHER INSTITUTION	120 USUAL OCCUPATI		OF BUSINESS OR	
must be	35	13a. S	ALRESIDENCE (IF NURSING HOME OR ITATE 136 COUN ALLE	ITY 13c_CITY C	OR TOWN	3d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS Williams	Road 2150	2	
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) axo	10			n Shoemaker	AST	FIRST	rena Snider		LAST	
medical	1		VAS DECEASED EVER IN U.S. ARA		AL SECURITY NO.	7. INFORMANT	ADDRE	SS		
Bec	1				7-2091	Mrs. Vivi	an M. Thoer	ig. Hagerst	own. Md.	
y, or other traumatic even			18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSE! MAMEDIAT MAMEDIAT	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	VSEQUENCE OF CONTRACT	DE LAY DO	Case.	CTION.	1to	
or to bu		TION	Ven tre	ale into bly	CAF.	Thy whiced	upus, 6	tremia.		
shows on	2	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	WASPERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES [
00	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART I OR PART 2)	
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of 1			sow the deceased alive on above, (1) (we) (did) (did not	t) view the body ofter death	19, ond	that in (my) (our) opinion	death occurred on the do	ote and hour and from t	he couses stated	
ept Hen			DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN							
ote D		22e ADDRESS Memorial Hospital Med. Bldg.,								
the State D	1		-/	.1	m - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					
IMPORTANT: If	1		Dr. N. Ranjit			Cumbe	rland, MD 21			
should be detoc with the State D IMPORTANT: If	1	23a. 8	-/		23c. NAME OF CE/		rland, MD 21		STATE	

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(VRA 15, 4)

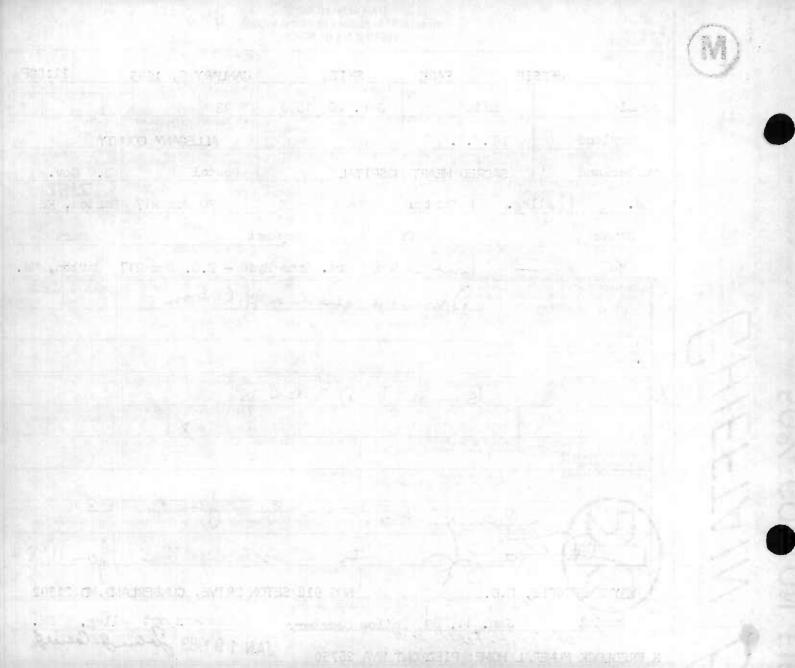
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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- ÷ 0	T. H Hem	1	22b. SIGNATURY	SE	Y SOOT	26		DEGREE	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN []	DATE DATE	SIGNED
FUNERAL Sold be det th the State	M J	1	PHYSICIAN'S NA		1	26	12/	22e ADDRES	S			AND	21502
should with t	<u> </u>		WAYNE SP BURIAL, CREMATION,		736 DATE	73c.	NAME OF C	EMETERY OR		23d LOCATIO		AND	
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16 50M 4/	82	24. F		Willia	m H.F	sell- W	THE	2 Cemer	25a DATE	REC'D. BY REG	STRAR 1 SEC.		Weeld
VRA 15, 4)		(8	FREDLOCK	FUNER	AL HOME	: PIEDMO	NT WVA	26750	JA	111 13 13			



Lavale, Maryland

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

John J. Hafer Jr.

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

7:50

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250. DATE REC'D. BY REGISTRAR 276. REGISTRAR'S SIGNATURE

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by should be detached for use as the burial-transit permit. Then please remove carbonapaers. Pages 1 and 2 should be like with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

木	1.	REGISTRAR				CERTIF	ICATE OF DE	ATH		REG. NO.				
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4	3. SE	x emale		4. RACE Whi	te	5. DATE O	DAY	1 9 1	AGE (IN YEA	ARS LAST BIRTH	DAY) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.
35	-	RTHPLACE (STATE COUNTRY)	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	8. MARRIE WIDOWE	D NEVER MA	RRIED .	ALLE	GANY			ATH	MD.
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Z medicol		WAS DECEASED EV YES, NO OR UNKNOWN)		MED FORCES?	166. SOCIAL SEC	URITY NO.	Fred T	asker	Sta	r Rt		itzm		er, Md
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Condini fuo swa	CERTIFICATION	190. DATE OF OPE	anal	Fall	ne,	Di	IN CERT					YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\) NO \(\)		
ed or Item 18 sh	MEDICAL CER	21g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A 21d. IN JURY OCC WHILE	CAUSE OF DEA	HOUR A.	M. MONTH (M.	DAY YEAR 19 FARM, ETC.)	216. HOW INJU		D (ENTER NATI	CITY OR TOW				
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≤ <i>i</i>		BURIAL, CREMATIC (SPECIFY) Burial	ON, REMOVAL	23b. DATE 1-29			emetery or cr ion Cem		23d. LOCA	riown Zi	on (Gari	řett	MdTATE

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR
NAME
BURDOCK FUNERAL HOME

FOR

PO BOX 523 KITZMILLER, ADDRESS

25 REGISTRAR'S SIGN CURE 1983

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STATE OF MARYLAND

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be execution and co		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV		00 34 0527	Mary T		, Hyndman		. 15	5545
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of attending physician and completely filled in by street this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be file th and Mental Hygiene prior to burial, cremotion, or removal.	NO	18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUSE 4292 IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	ED BY: TE CAUSE (0) DUE TO, OR AS A (b) DUE TO, OR AS A	A CONSEQUENCE OF A CONSEQUENCE OF Lines		red i Ca	Des - Doce		3	IMATE INTERVAL ONSET AND DEATH
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N OF VITAL RI N OF VITAL RI SICIAN: The ic certificate has urial-transit per virial-transit per Annual Hygiene item 18 shows	MEDICAL CER	21a ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DE.) P.M.	MONTH DAY YEAR 19			ED (ENTER NATURE OF INJURY	N ITEM 18, PAI	RT 1 OR PART 2)	
DIVISION O DING PHYSIC After the borror and the borror marked or free	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF IN (AT HOME, STREET, FA	JURY CTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE
OR ATTENDI P. haspital an DIRECTOR: A ched for use Cept. at Heal		22a.1 certify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did no 22b. SIGNATURE	1-7	1985 .0	DEGREE	ENDING	medical staff		-	
TO HOSPITAL of TO FUNE BY THE STATE SHOULD BE GETON WITH THE STATE IMPORTANT: IF	122	22d. PHYSICIAN'S NAME (TYPE O	in PIau		22e ADDRESS	un he	123d LOCATION	hered	2150	52
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DHMH - 16 50M 1/76 (VR A 15 (4))		arvey H. Zei	gler, Hy	ndman, Pa		JA	N 1 3 1983	o REGISTR	AK S IGNA	hill

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William G. Kight Cumber Tand, Md. 21502

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG NO

FOR

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/R2

(VRA 15, 4)

- STATE

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STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter draith. Postering by the hospital or ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled with a state dependence of Health and Mental Hygiene prior to burial, cremotion, or removal.
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000		Adelia		Warnick	1/07/83	12:25p _M
24	3. S		4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	MO	UNDER I YEAR IF UNDER 24 HRS
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by the filed win	/	Frostburg, MD	Frostburg Commu	nity Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) OWN HOME	12b. KIND OF BUSINESS OR INDUSTRY
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mpletely ond 2 s	9"	FATHER'S NAME FIRST PETER	MILT	15. MOTHER'S MAIDEN NA	WE	CROWE
Poges 1	16a.	WAS DECEASED EVER IN U.S. AR (YES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECU /E WAR OR DATES) 220 52 9		48 Tarn Terrace,	Frostburg, MD
icion. The hos been signed by the ottending physicion is permit. Then please remove corbon popers: agiene prior to buriol, cremotion, or removol. shows ony injury, or other troumotic event, the	CERTIFICATION	Conditions, it ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT Advanced OU	196 CONDITION FOR WHICH	DEATH BUT NOT BELATED TO THE TERM WITH BUT NOT BELATED TO THE TERM WITH BUT NOT BELATED TO THE TERM OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF VES. YES NOON YES	Gangene WERE FINDINGS USED NG CAUSES OF DEATH? NO
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s the bur ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTOR: Af I for use o of Health		sow the deceased alive on above, (1) (see) (did) (did as	ital) attended the deceased from 19		death occurred on the date and hour o	
RAL DIRE detached tate Dept		22b. SIGNATURE	SCfaudhw		MEDICAL STAFF DIRECTOR PHYSICIAN	17 7 8 3
FUNE old be the S		Dr. L. Sar		27. ADDRESS 48 Tarr	Terrace, Frostbu	rg, MD. 21532
Should be with the IMPORT	230	BURIAL, CREMATION, REMOVAL (SPECIFY)	1 10	NAME OF CEMETERY OR CREMATORY	VESTERNPORT ALLE	
H - 16 50M 4/82 VRA 15, 4)		FUNERAL DIRECTOR	PICE, P.A. VEST	ORT, MD. 250. DA	LEKE OTBASE DEBASE SPECKTE	AR'S SKINDERULELLY

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ADDRESS Cumberland, Md.

James F. Scarpelli

FOR

REGISTRAR

- STATE

DHMH - 16 50M 4/R2

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26. HOUR 4:00

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			166 SOCIAL SEG	CURITY NO.	17 INFORMANT		ADDRE	ESS		
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TIFICAT	19a DATE OF OPERATION	N 196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED			20b. IF NIS, WER IN CERTIFYING YES	CAUSES	OF DEATH?
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165	saw the deceased o above, (I) (web)(did)	live an (d.d not) view the body	after death.	830	nd that in (my) (our) a	opinion deoth oc	curred an the de	ote and hour and i	fram the c	couses stoted
	22b. SIGNATURE	278	1/2		DEGREE	DING KEDI	CAL STAI	FF	1/9	183
	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	-		220 ADDRESS	CIAIN 2 DIREC	.TOK PHISIC	IAIN	11	-
	SIKANDER SA	ANDHIR, M.D).		48 TARN	TERRACE,	, FROSTE	BURG, MD.	. 21	.532
23a. E	URIAL, CREMATION, REA			NAME OF	EMETERY OR CREMA	ATORY 23d.	CITY OR TOWN	COM	NTY	STATE
I	Burial	JAN L	1983	Restla			LaVale			
			108 VIRGI	NIA A				20 REGISTRAD'S	SIGNATI	URE
SC	ARPELLI FUNE	ERAL HOME C	UMBERLAN	D, MD	21502	JANI	1 1000			No.
	70. BI (10. CT	I. DECEASED NAME (TYPE OR PRINT) 3. SEX Male 70. BIRTHPLACE STATE OR FORE COUNTRY) West Virgin 10. CITY OR TOWN OF DEATH CUMberland USUAL RESIDENCE (# NURSING 130, STATE Maryland 14. FATHER'S NAME FIRST GEOTGE 160. WAS DECEASED EVER IN IT (YES, NO OR UNKNOWN) I. (YES, NO OR UNKNOWN) II. CAUSE OF DEATH IE. PART I. DEATH WAS I. (YES, NO OR UNKNOWN) III.	I. DECEASED NAME (TYPE OR PRINT) ARTHUR ARTHUR C. 3. SEX Male Whale Whale To. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) West Virginia II. NAME OF (IF NOT IN SU COUNTRY) West Virginia U. III. NAME OF (IF NOT IN SU COUNTRY) MATYLAND Allegany III. NAME OF (IF NOT IN SU COUNTY MATYLAND III. NAME OF (IF NOT IN SU COUNTY MATYLAND III. NAME OF (IF NOT IN SU COUNTY MATYLAND III. NAME OF (IF NOT IN SU COUNTY MATYLAND III. NAME OF (IF YES, GIVE WAR OR DATES) WAT I III. CAUSE OF DEATH (IETTER ONLY OR EQUAL EXAMPLE) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO. CO Conditions, if any, which gave rise to immediate couse 10, storing the underlying couse lost. III. PART 2 OTHER SIGNIFC INT CONDITIONS CO COUNTY III. CAUSE OF OPERATION III. PART 2 OTHER SIGNIFC INT CONDITIONS CO COUNTRY III. NOT WHILE AT WORK III. NOT WHILE AT WORK III. MORE STANDHER, M. II. 210. PHYSICIAN'S NAME (TYPE OR PRINT) SIKANDER SANDHIR, M. II. 214. FUNERAL DIRECTOR	I. DECEASED NAME (TYPE OR PRINT) ARTHUR CHARLES 3. SEX 4. RACE Male 70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY) West Virginia 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET SACRED HEAP 130. STATE Cumberland 14. FATHER'S NAME FIRST George H. Westfall 16. WAS DECEASED EVER IN U.S. ARMED FORCES? ISTATE OR OR UNKNOWN) 18. CAUSE OF DEATH LENTER ONly one cause per line for (o), (b), (res, up) or unknown) 18. CAUSE OF DEATH LENTER ONly one cause per line for (o), (b), (res, up) or unknown) 19. Canditions, if any, which gover rise to immediate cause (o) DUE TO, OR ASYA CONSEQ Conditions, if any, which gover rise to immediate couse lost. 190. DUE TO, OR ASYA CONSEQ Conditions, if any, which (IF EITHER, NOTIFY MEDICAL EXAMINER) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OR CONTRIBUTING COUSE OF DEATH AT WORK 190. DATE OF OPERATION 190. CONDITION FOR WHICE AT WORK 210. ACCIDENT WAS UNDERLYING 211. INJURY OCCURRED WHILE AT WORK 212. ACCIDENT WAS UNDERLYING 213. Industry of CONTRIBUTING TO AT WORK 214. INJURY OCCURRED WHILE AT WORK 215. SIGNATURE 216. PLACE OF INJURY HOUR A.M. MONTH P.M. 217. PLACE OF INJURY HOUR A.M. MONTH P.M. 218. PLACE OF INJURY HOUR A.M. MONTH P.M. 219. PLACE OF INJURY HOUR A.M. MONTH P.M. 210. PLACE OF INJURY HOUR A.M. MONTH P.M. 210. PLACE OF INJURY HOUR A.M. MONTH P.M. 211. NAME OF PRINTI P.M. 212. PLACE OF INJURY HOUR A.M. MONTH P.M. 213. STANDER 214. PHYSICIAN'S NAME (TYPE OR PRINT) SIKANDER SANDHIR, M.D. 215. STANDER 216. PLACE OF INJURY HOUR A.M. P.M. 217. PLACE OF INJURY HOUR A.M. P.M. 218. PLACE OF INJURY HOUR A.M. P.M. 219. PLACE OF INJURY HOUR A.M. P.M. 210.	I. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) ARTHUR CHARLES WE. 3. SEX Male 76. BIRTHPLACE STATE OR POREIGN COUNTRY) 18. CITY OR TOWN OF DEATH CUMBETLAND 19. CITY OR TOWN OF DEATH CUMBETLAND 10. CITY OR TOWN OF DEATH CUMBETLAND 11. NAME OF HOSPITAL, NURSING HOME (IF NOI IN SUCH FACILITY, ONE STREET ADDRESS) WIDOW MATYLAND 18. CATED HEART HOS 18. CAUSE OF DEATH LENTER OR WAS OR DEATES) 18. CAUSE OF DEATH LENTER OR WAS OR DEATES 18. CAUSE OF DEATH LENTER OR WAS OR DEATES) 18. CAUSE OF DEATH LENTER OR WAS OR DEATES) 18. CAUSE OF DEATH LENTER OR DEATES 18. CAUSE OF D	I. DECEASED NAME (TYPE OR PRINT) ARTHUR CHARLES WESTFALL 3. SEX ARTHUR CHARLES WESTFALL 3. DATE OF BIRTH MODITION OF THE MARKED AND THE MODITION OF THE MARKED AND THE MARKED AND THE MODITION OF THE MARKED AND THE	DECEASED NAME	TO DECEASED NAME (TYPO OF PINNIT) ARTHUR CHARLES WESTFALL JANUARY 9 3. SEX Male 18. CHARLES WESTFALL JANUARY 9 18. LANGE INTERNATION CONTROL THE INTERNATION OF THE INTERNATION WEST CONTROL THE INTERNATION OF THE INTER	T. DECEASED NAME TREST AND TREST ALL TRES	The Earlier Name

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1.	FOR STATE REGISTRAR			DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE	8 5 ()	0	0 8 2
(41		CEASED NAME	FIRST	12 M	MIDDLE		AST	20. DATE	OF DEATH MONTH D	AY YEAR	2b HOUR
VI)			OLLIE	MA	Υ	WOLF			JARY 31, 1983		11:55FM
~	3. SE	(4. RACE		5. DATE (6. AGE		ONTHS DAY	
directo vours o	-	FEMALE		WHITE		May		78	YRS.		
neral di in 72 ho		RTHPLACE (STAT COUNTRY) WEST VIR	GINIA	U.S.A.		NTRY? 8. MARRIE WIDOWE	D NEVER MARRIED	' A1	MORE CITY OR COUNTY LEGANY COUNT		MD.
by the filed with		TY OR TOWN OF MBERLAND	DEATH	11. NAME OF	HOSPITAL, N	OURSING HOME OF ESTREET ADDRESS) HOSPITA	OR OTHER INSTITUTION	(TYPE OF V	ALOCCUPATION WORK FOR MOST OF WORKING LIFE	INDUSTR	OF BUSINESS OR
filled in bhould be fi	13a. S MA	AL RESIDENCE (IF TATE RYLAND	NURSING HOME OR 13b. COUN ALLE	OTHER INSTITUTION	13c. CITY O	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS	S? 13e. STRE	ET ADDRESS CLAYTON AVE	DOUB	2/562
ond 2 sl		THER'S NAME FIRST		MA	LCOLM	51	15. MOTHER'S MAIDEN FIRST ANNA	NAME	MIDDLE BALI	OWIN	LAST
ohysician and co papers. Pages 1 noval.		AS DECEASED E ES. NO OR UNKNOWN NO		MED FORCES? E WAR OR DATES)		1-5739B	PAULINE C	COWAN 20	ADDRESS LLAYTON AV		STERNPORT
ed by the attending p please remove carbon urial, cremation, or rem , or other traumatic eve		Conditions, if gove rise to cause (a), s underlying co	any, which immediate tating the ause last.	(0)	OR AS A GON	SEQUENCE OF	More Rt. C	Ramyo	agen condition give	N IN PART	No
been signe rmit. Then p prior to bur ony injury,	TION	19a, DATE OF OP	Dia	lieles	m	ellilus	N WAS PERFORMED	9111	10 .		DINGS USED
hos the	CERTIFICATION					WHICH OPERATIO		YES [NO YES	ING CAUSI	NO [
certificate vial-transi ental Hygi kem 18 sh		210. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY		in .		H DAY YEAR	21c. HOW INJURY OC	CURRED (ENTE	R NATURE OF INJURY IN ITEM 18 PA	RT) OR PART 2	
After this case of the burner and the burner worked or the marked or the	MEDICAL	21d. INJURY OCC	OT WHILE TO		OF INJURY	OFFICE, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TOR for w		220.1 certify tha		160		0/1	nd that in (my) (aur) opin	nian death acco	rred an the date and haur	and fram t	, that (I) (we) last he causes stated
DIREC oched oched Dept.		SIGNATURE	in	116	15	2		MEDIC.	AL STAFF OR PHYSICIAN	22c. DA	TE SIGNED
TO FUNERAL should be det		2% BHYSICIAN			,,,)	276. ADDRESS	/			
Should with the		SHIN K	IM, M.D	•		/	90 MAIN ST	TREET WE	ESTERNPORT, 1	1D 215	562
- ~ , 5		URIAL CREMATI		23b. DATE			EMETERY OR CREMATO		CATION CITY OR TOWN	COUNTY	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

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BOAL'S FUNERAL HOME

HOME WESTERNPORT, MD 21562 FEB

FEB 8 1983 John & Cahie

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		REGISTRAR				TOTAL OF DEATH	REG.	NO.		
		CEASED NAME FIRST	A	NIDOLE		LAST	20. DATE OF DEATH	MONTH [DAY YEAR	2h HOUR
	, (Title	Charles	W. Yerga	ın			January	29, 19	983	7:06 M
9	1, SEX		4. RACE		5 DATE		6 AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
Ý		fale	White		Nov	. 25°, 189°5°	87	YRS	WONTHS DATS	HOURS MIN.
å	7a BIR	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF V	WHAT COUNTRY?	8 AAA DDIE	D MEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
4	Ma	aryland	USA		WIDOW		Alle	egany		MD
0		a Vale		OSPITAL, NURSING FACILITY, GIVE STREET A		OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Retired (T OF WORKING LIFE	E) INDUSTRY	SE CO.
1	JUSUA 13a S	L RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE						
		100 00	legany	La Vale	7	YES TO NO	13e. STREET ADDRES	Stree	t -215	02
	14 FA	THER'S NAME	WIGDLE	LAST		15 MOTHER'S MAIDEN NAM	WE		11 11 11	
		Henry Yer	gan	LASI		Sarah	Middletor		LAS	т,
160.		AS DECEASED EVER IN U.S. A	ARMED FORCES?	16b. SOCIAL SECUR		17 INFORMANT	ADD	RESS		
		No	one wan on bares,	214-05-7848 Mrs. Grace		Mrs. Grace	Yergan, La Vale, Md.			ife
		18 CAUSE OF DEATH (Enter	anly one cause per	line for (a), (b) ond	(c).) /	1 A	1 /			MATE INTERVAL
		PART I. DEATH WAS CAU	SED BY: ATE CAUSE (0)	(expo	Vas	well of CCTO	lent			
		4360 DUE TO, OR AS A CONSEQUENCE OF A H								
		Conditions, if any, which								
		gove rise to immediate cause (o), stoting the DUETO, OR AS A CONSEQUENCE OF								
	9.1	underlying couse lost.	(6)	AS A CONSEQUE	INCL OF					
		PART 2 OTHER SIGNIFICAN	CONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED JO THE TERM	NAL DISEASE OR CO	NDITION GIVE	EN IN PART 100	a'
	CERTIFICATION	0	ld age	CHE	- ,	, Maloutitie	7			
2	CAT	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY?		, WERE FINDIN	
-	E I						YES NO	YES	_	NO [
1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	21b. TIME OF		Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART I OR PART 2)	
	CAL	(IF EITHER NOTIFY MEDICAL EXAMIN			19					
MEDICAL	VEDI	21d. INJURY OCCURRED	21e. PLACE C	FINJURY ET, FACTORY, OFFICE, FA	RAN FTC 1	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	1	WHILE AT WORK AT WORK						1000		
		220.1 certify that (1) (this has				. 19	, to			that (I) (we) last
		sow the deceosed alive abave, (1) (we) (did) (did	not) view the body o	ofter death.	, a	nd that in (my) (aur) apinian d	deoth accurred an the	dote and haur	and from the	causes stated
		276 SIGNAFICHE				DEGREE			73s DATE	SIGNED
		Milletter	-	10.10-50		MD _ PHYSICIAN I	MEDICAL ST	AFF SICIAN [1/	31/83
		274 PHYSICIAN SNAME (TYP				22e ADDRESS		VF	1	Md
		Dr. N.A.	Ranjitha			Memorial Hos	pital Medi	cal Blo	dg.Cumb	perland
		URIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	B	urial	Feb.1,	1983 Mt.	.Carm	el E.L.Cemeter	ry Near	Myersd		

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is morked ar Item 18 shaws any

24 FUNERAL DIRECTOR
NAME James F. Scarpelli, Cumberland, Md.

Mt.Carmel E.L.Cemetery FEB 4

location city or town Near Myersdale. BY REGISTRAR

